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COURSE OF LECTURES
ON
DISEASES OF THE SKIN;
THEIR
HISTORY, PATHOLOGY, AND TREATMENT.

Delivered in the Middlesex Hospital, during the Summer Session, 1842, by

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LECTURE XXIII.

HERPES.—VESICULAR TETTER.

HERPES is one of those terms which has been much perverted from the signification in which it was originally used, as its derivation from the Greek verb ἑρπειν, to creep, sufficiently denotes. The vesicular disease now denominated herpes, has no tendency to creep, but the leprous diseases, to which Alibert more properly confines the term, are essentially creeping in their nature, extending themselves from small spots, by imperceptible degrees, until they cover surfaces of considerable size.

Herpes, in its present acceptation, is an acute affection of the skin, characterised by the development of clusters of globular vesicles on inflamed patches of small extent, and of a circular or irregular form. The course of each vesicle, from its first appearance, extends over a period of about ten days, when it subsides, either by absorption of the contained fluid and the desiccation of the shrivelled epidermis into a thin brownish scab, or by the rupture of the vesicle and the desiccation of the secretion of the denuded dermis into a similar scab. The contents of the vesicle undergo the usual changes of serous fluids effused beneath the epidermis. The fluid is at first limpid and transparent, it then becomes milky, and sometimes a false membrane is formed within the base of the vesicle; but the fluid of herpes rarely assumes a purulent aspect. Herpes is frequently unattended by constitutional symptoms; when they exist they are for the most part slight, and the local disease is limited in duration to two or three weeks.

The varieties of herpes admit of arrangement into two groups, which have reference to the form and distribution of the clusters; these are the phlyctenoid and circinnate groups. The *phlyctenoid group* is characterised by the abscence of order in the clusters of vesicles, and comprehends, besides herpes phlyctenodes, which constitutes the type of the group, all the local forms of the disease. The *circinnate group*, on the other hand, is known by the circular disposition of the vesicles; in one instance forming a circle more or less complete around the trunk of the body, as in herpes zoster; in another, a ring of vesicles, as in herpes circinnatus; and in a third, a series of concentric circles, as in herpes iris. In a tabular form the varieties are:—

Phlyctenoid Group.

Herpes phlyctenodes,
„ labialis,
„ nasalis,
„ palpebralis,
„ auricularis,
„ præputialis,
„ pudendalis.

Circinnate Group.

Herpes zoster,
„ circinnatus,
„ iris.

HERPES PHLYCTENODES.

Herpes phlyctenodes is characterised by the singularity of form and appearance of the patches and of the vesicles which are clustered upon them. The vesicles are globular, and vary in size from that of a pin's head to an ordinary sized pea. The patches may be few or many in number, and they occur for the most part on the upper portion of the trunk of the body, on the face and neck, and on the arms. The eruption declines at the end of a week, and either disappears entirely or is prolonged for several weeks by successive eruptions.

The eruption of these phlyctenoid patches is preceded by smarting and tingling of the

skin in a greater or less degree. Patients affected with this eruption have sometimes complained to me of the unbearable nature of the smarting, which they have compared to piercing the skin with needles. On the painful part a number of small red points are soon perceived, and these, by their diffusion, form a patch of uniform redness of a size rarely exceeding the palm of the hand. The vesicles are developed on this congested patch the day after the first invasion of the local symptoms, and during the third and fourth days their contents become lactescent, turbid, and opake. In some, the fluid is sanguinolent, and in others more or less completely purulent. On the fourth day the local disorder begins to decline, the vesicles shrivel and desiccate, and, with their contents, are converted into thin brownish scabs, which fall in ten or twelve days. It sometimes happens that the vesicles with puriform contents are followed by superficial ulcerations.

Herpes phlyctenodes is rarely attended with constitutional symptoms; should such exist, they are limited to the most simple form of febricula. The local symptoms, as I have before remarked, are, sometimes, intense pains of a smarting and burning kind, not confined to the immediate surface, but appearing to extend more or less deeply into the tissues beneath the skin. These pains frequently continue, in a diminished degree, for some time after the disappearance of the eruption.

HERPES LABIALIS.

Herpes labialis is the vesicular eruption that so frequently occurs upon the lips and around the mouth at the close of fevers and disorders in which the mucous membrane is involved. The parts affected are red, swollen, hot, and painful, and frequently those peculiar smarting pains are experienced which are characteristic of the severer varieties of herpes. The vesicles pursue the same course as those of herpes phlyctenodes. They are, however, smaller, more closely clustered, and frequently confluent. The serous contents of the vesicles become lactescent and sero-purulent, and form a brownish crust by desiccation on the fifth or sixth day. The crust falls on the eighth or tenth day, but when interfered with during its formation, remains adherent for a much longer period. Herpes labialis is sometimes complicated with aphtha.

HERPES PALPEBRALIS, NASALIS, ET AURICULARIS.

Herpetic vesicles, having the characteristic form and pursuing a similar course with those described in the general definition of the disease, are occasionally developed on the upper eyelid, around the nose, or within the concha of the ear. They are usually associated with irritation of the mucous membrane of these organs, and are identical in every respect with the typical disorder.

HERPES PRÆPUTIALIS.

The urethra, like other outlets of the body, is liable to the development of herpes in the neighbourhood of the terminal line of its mucous membrane. In some instances the small red patches of herpes, with their pearly clusters of small vesicles, occur on the mucous membrane itself, in others on the cutaneous portion of the prepuce. In the former situation the vesicles are more easily rubbed off, and the membrane beneath is more easily excoriated; hence we sometimes find superficial ulcerations following the eruption in this situation, and leading to the impression of their being of syphilitic origin. On the cutaneous surface this is less likely to take place, the vesicles desiccate into thin brownish scabs, which fall off at the end of a week or ten days, leaving the surface beneath perfectly sound.

The development of the vesicles of herpes is usually accompanied by the heat and smarting described under the typical form. It sometimes falls into a chronic state, and is then obstinate and difficult of cure.

HERPES PUDENDALIS.

The observations which I have just made relative to the boundary of the mucous membrane on the surface of the body, apply with equal force to the mucous membrane of the pudendum. Patches of herpes are developed both on the skin and mucous membrane of the labia majora and within the vulva. They give rise in this situation to considerable inconvenience, and the irritation is frequently kept up for a long period by the contact of morbid secretions from the vagina.

Circinnate Group.

HERPES ZOSTER—SHINGLES.

In herpes zoster, the zona of older writers, and the shingles of vernacular language, the inflamed patches, with their clusters of vesicles, are identical with those of herpes phlyctenodes, but differ in their seat and arrangement upon the body. Most commonly these patches, beginning at the middle line in front and behind, pass around one half of the body, and form a kind of half-zone or girdle. The girdle is very rarely complete around the whole trunk, and an unfounded prejudice, as old as Pliny, exists among the uninformed, that death would be the consequence of such completion. The more usual situation of the half-zone is the base of the thorax, sometimes, however, it is higher, and sometimes lower. When situated higher than the middle of the trunk, the zone winds around the shoulder and has a tendency to extend down the arm; when, on the contrary, it is placed at the lower part of the trunk, it exhibits a similar dis-

position to spread to the thigh and leg of the affected side. In rare cases the eruption forms a half-circle around the neck, or an incomplete demi-zone upon the head and face, and occasionally it has been seen on one side of the penis and scrotum. On the limbs the customary direction of the patches of herpes zoster is longitudinal, a fact which is observed by Bateman, and is mentioned by that writer as a variety under the name of *herpes proserpens*. It has been asserted that herpes zoster is developed principally on the right side of the body; others contend that the left side is more frequently affected; but these observations have no basis in truth, the eruption appears with equal frequency on both. The shingles are an acute disease, and last from one to three or four weeks.

The symptoms of herpes zoster, both constitutional and local, are more severe than those of the other varieties of herpes. There is sometimes considerable feverishness, with quick pulse and gastric irritation, and occasionally restlessness, anxiety, and tumultuous action of the heart. Your lecturer on midwifery, Mr. North, lately mentioned to me the case of a lady who had suffered intensely, and appeared to be in great danger from the oppressive anxiety and tumultuous action of the heart which preceded an eruption of shingles. The constitutional symptoms subsided, as is usually the case, as soon as the eruption made its appearance.

As respects the local symptoms, we not unfrequently find, in addition to the burning heat and tingling and smarting pains, both preceding and accompanying the eruption, very severe lancinating pains, which seem to the patient to pierce through the chest and epigastrium. These pains occur during the whole progress of the disease, and are sometimes prolonged for several weeks, and even months, after the decline of the disease.

The patches of herpes commence near the middle line of the body, and proceed outwards. They are irregular in form and size, the first-formed patches being the largest; and they are separated from each other by narrow interstices of sound skin. The patches are vividly red, and the transparent and pearl-like vesicles developed in clusters on their surface have, by the contrast of the vesicle with its ground, a beautiful appearance. The vesicles progress in development during three or four days, they then begin to collapse and decline, and are gradually converted into brownish scabs, which fall off at about the tenth or twelfth day. The vesicles present the usual varieties in their contents, the transparent fluid, which is first effused, becoming turbid and opake, and the dermic base of the vesicle becoming coated with a thin layer of false membrane. The contents of some of the vesicles, perhaps, are sanguinolent or purulent, and the resulting crusts of a deeper colour than usual, and of considerable thickness.

The termination of the local disorder is subject to some variety; where the vesicles are undisturbed, and in young persons, the scabs are properly formed, and at their fall the skin remains sound. But in elderly persons, or cachectic subjects, or in cases where the vesicles have been rubbed off, either by the dress or by the weight of the body in bed, excoriations or ulcerations are produced which are painful and troublesome, and tardy in the process of healing. In some instances, where the powers of the system have been much reduced, the abraded skin passes into a state of gangrene, and forms sloughs.

HERPES CIRCINNATUS — VESICULAR RINGWORM.

The vesicles of herpes, instead of being collected without order into a cluster, as in the preceding forms, are sometimes arranged in the figure of a circle of variable magnitude, but rarely exceeding the diameter of the palm of the hand. These circles are met with chiefly on the face and neck, on the chest, and on the upper extremities, and they occur either singly or in numbers. The ring of inflamed skin is vividly red, and the vesicles developed on this ring are small in size, very numerous, and frequently confluent, while the area included by the ring is pale and unaffected. Herpes circinnatus commences originally by small red patches on which vesicles are produced, and these patches quickly enlarge by the circumference, while they fade in the centre, the area becoming more and more enlarged in proportion to the increased dimensions of the ring. These herpetic rings generally run their course in eight or ten days; the vesicles go through the ordinary changes in respect of their contents, and on their decline desiccate into small brownish scabs. The redness of the skin fades at the same time, and the affected parts return to their natural hue. Occasionally herpes circinnatus assumes a chronic form, and lasts for a considerable period, or it is prolonged beyond its customary duration by the occurrence of successive eruptions.

Herpes circinnatus is not usually accompanied by constitutional symptoms, and the local disorder is confined to some slight degree of smarting and itching.

HERPES IRIS—RAINBOW RINGWORM.

Herpes iris is a very singular modification of herpes circinnatus, first described by Bateman. It is a form of circinnate herpes in which the ring increases by successive extensions of its circle, but without any corresponding restoration of the included area to a healthful state. On the contrary, the first formed and central vesicle remains, and frequently attains the size of a pea, while

the successive advances of the disease are each marked by a different hue from those which preceded them, and the fully-developed eruption has the appearance of a constellation surrounded by a series of halones, varying in number from two to five. The size of these circular patches at the height of the disease is usually that of a shilling; they are generally few in number, and scattered, and their period of duration eight or ten days.

When you consider the manner of production of these herpetic discs, you will easily perceive that the intensity of the cutaneous inflammation will vary at the different periods of its extension, and consequently that the tint of redness, as well as the results of that inflammation, will differ in the successive rings. Hence, according to the description of Bateman, "the central vesicle is of a yellowish-white colour; the first ring surrounding it is of a dark or brownish-red; the second is nearly of the same colour as the centre; and the third, which is narrower than the rest, is of a dark red colour; the fourth and outer ring, or areola, does not appear until the seventh, eighth, or ninth day, and is of a light red hue, which is gradually lost in the ordinary colour of the skin." The rings, moreover, are each surmounted by a crop of vesicles of minute size, which run through the ordinary stages of herpetic vesicles. But it more frequently happens that one or two of the rings only are thus provided. The seat of this eruption is the face, the hands and fingers, and around the joints; occasionally they are dispersed more or less numerously over the entire body.

In the sixteenth volume of the "Edinburgh Medical and Surgical Journal" you will find a very interesting case of this disease recorded by Dr. Marshall Hall. Dr. Hall describes it as being "so remarkable by its annular form, different hues, vesicular character, and general diffusion over the surface." The patient, a boy four years of age, became languid and sick on the 23rd of March, 1818; on the 26th red spots appeared on his face; on the 27th and 28th on the trunk and limbs; while on the 29th spots still continued to appear. On the fifth day of the eruption "there was a central vesicular elevation containing a whitish fluid, surrounded by a deep red ring, not vesicular; this ring was surrounded by another, lighter coloured, elevated, and manifestly vesicular; and this, lastly, by a third ring of redness, which vanished gradually into the natural colour of the skin." In Dr. Hall's case the eruption differed from that of Bateman in the fact of the greater part, or the whole, of each of the patches becoming converted into a bulla. "In some patches the centre seemed fixed, and the vesicle rose into a ring round it. In others the whole formed one distended bulla."

Diagnosis.—The diagnostic characters of herpes are prominent globular vesicles, averaging in size the bulk of a small pea, and developed on a small circumscribed patch of vividly red and highly inflamed skin. The vesicles are much larger, and the redness more circumscribed, than in eczema, and the vesicles rarely attain the size of the bullæ of pemphigus.

I have seen herpes circinnatus mistaken for lepra, but the difference between these diseases is very striking. In herpes you have no raised and indurated border, as in lepra, and if the peculiar scales of the latter be present the distinction is still better marked. Moreover, in herpes there are traces of vesicles even if there be none present, and the history of the case will still further corroborate the diagnosis. Again, lepra is rarely found on the neck, a common situation of herpes circinnatus, and when lepra exists on the trunk or arms there are commonly patches on the lower limbs. Another cutaneous affection with which herpes circinnatus may be confounded is erythema circinnatum, but in this latter there are no vesicles. Herpes circinnatus has also, from its popular designation, been confounded with favus, an error which is scarcely pardonable. Favus is a disease of the hair-follicles, and more common on the scalp than on other parts of the body, and is remarkable for its large yellow cup-shaped crusts. Favus, again, alters and destroys the producing function of the hair-follicles, which is not the case with herpes, when its rings are developed on the scalp.

There is a form of roseola that bears some resemblance to herpes iris, from presenting a series of concentric rings, having various tints of colour, but upon the discs of roseola there are never any vesicles developed, and the patches are of larger size.

Causes.—The etiology of herpes is the same with that of other eruptive diseases of the slighter kind. The eruption is principally met with in young persons and in those possessed of a susceptible and irritable skin, and occurs usually during the warmer months of the year, when the functions of the skin are most active. Sometimes the cutaneous affection seems dependent on visceral disorder, or irritation of the mucous membranes from irregularities of diet, &c. At other times the exciting cause would seem to be exposure to wet and cold; while a third series of causes are such as tend to produce depression of the powers of the nervous system—namely, fatigue, anxiety, grief, &c.

Herpes labialis is frequently associated with disorders affecting the mucous membranes, and occurs as the sequela of catarrhs, some fevers, and diseases of the viscera; occasionally it appears to result from the direct application of cold.

Herpes zoster is not unfrequently met

with among persons advanced in life, and in them is often painful and troublesome, from the tendency which exists in the skin towards sloughing. The disease is also said to be more common among males than in the opposite sex. A case is related in the "Medical Gazette" (vol. ii., p. 632), I think by Dr. Gregory, tending to show that the disposition to this eruption is sometimes hereditary, and at certain periods cases of shingles have occurred so numerously as to lead to the belief that the disease was epidemical. Occasionally herpes zoster has appeared as a critical eruption.

Prognosis.—Herpes is generally a mild disease, particularly when it occurs in young persons and adults of average power. In the aged, as I have before remarked, it is sometimes dangerous from the disposition which exists at that period of life to gangrene of the skin. In making your prognosis it may be useful to remember that as herpes is sometimes symptomatic of visceral disease, the latter may prove fatal to the patient. I have recently seen a case of this kind, in which the symptoms of phthisis first became apparent after an attack of herpes.

Treatment.—The therapeutic management of herpes should be mildly antiphlogistic, diluents, laxatives, milk diet, &c. Bleeding is very rarely called for, and it can only be in persons of full habit that such a remedy would be needed. When the local congestion has been very considerable in herpes zoster I have seen leeches applied with advantage. There is no objection to their use under such circumstances. When the eruption is symptomatic you will, of course, be guided in your line of treatment by the nature of the primary disorder. I have mentioned in the description of herpes zoster that this form of the disease is attended with nervous pains of excessive severity. These can only be relieved by the use of sedatives.

The local treatment should consist in fomentations and emollient applications, in the first instance, and afterwards cold cream, or some simple ointment. When the vesicles have been broken by the dress, and are liable to further abrasion, they may be dusted with starch or oxide of zinc powder.

The simpler local forms of herpes, such as herpes labialis, scarcely deserve any attention from the medical practitioner; but if, as in the case of the fair sex, you are desirous of checking the progress of the disease, the best means that can be employed for that purpose is a lotion of sulphate of zinc or acetate of lead, or a salve containing liquor plumbi. When used at an early period the lotions will sometimes arrest the inflammation before it proceeds further. I have also succeeded in stopping the development of the vesicles by puncturing them with a needle, and introducing a fine point of nitrate of silver into the puncture. The other local forms of the disease may be treated in the same manner.

The eruption of herpes zoster is frequently attended with inordinate itching. The best remedies for this disagreeable symptom are lotions of sulphate of zinc, acetate of lead, supersulphate of alumina, or subborate of soda. The itching generally comes on when the patient is warm in bed, and a medical friend of mine who was much tormented by this annoying sensation, had recourse, with relief, to a wet cloth, which he bound around the body. If the eruption be attended with much pain, an ointment, containing opium, is calculated to afford relief. The vesicles on being broken sometimes run into excoriations and superficial ulcerations, or ulcers with sloughing surfaces. When the solution of continuity is limited to an excoriation, an ointment, containing liquor plumbi, may be found sufficient, but when a tendency to sloughing exists, the nitrate of silver ointment, containing from two to ten grains to the ounce, is better suited. In this latter case, particularly in old persons, it is necessary to administer tonics, and enjoin a generous diet.

The ectrotic treatment by nitrate of silver, applied by means of a very fine point, after opening the vesicles with a needle, acts very beneficially in herpes zoster, and brings the case more speedily to a close than if left to itself.

When the development of the eruption is found to be tardy, Mr. Plumbe has recommended its excitation by means of a blister, the blister being applied in the situation where the eruption should appear. In pursuing this practice Mr. Plumbe found that the extension of the disease was not merely checked, but that it produced a shrivelling of the vesicles already formed, and served to cut short the progress of the disease altogether. Mr. Plumbe likewise remarked, that upon the inflamed patch of herpes vesication was not produced, and that when the blister was placed over the herpetic vesicles the dermis was liable to fall into a state of gangrene.

Herpes circinnatus and iris require no especial treatment. The former, however, is apt to become chronic, in which case an ointment recommended by Gibert will be found useful, namely:—

℞ *Sulphuret of lime*, one drachm;
Camphor, fifteen grains;
Axungiæ, one ounce. Mix.

Should the disorder resist the milder stimulant a blister may be used with benefit.

SYDENHAM SOCIETY.—We learn that the first work to be published by the society is appropriately the works of Sydenham, in two volumes, the first containing the Latin text, and the second the English translation. Two other works are also to be published in the course of the present year.

ON THE

TREATMENT OF ERYSIPELAS.

To the Editor of THE LANCET.

SIR,—On the treatment of erysipelas by Mr. Wilson, in his nineteenth lecture on Diseases of the Skin, reported in THE LANCET, for April 22, 1843 (page 97), I beg to make a few observations in your valuable pages.

Mr. Wilson, in a summary manner, directs the attention of his audience to the modes of treatment to be adopted in the commencement of an attack of erysipelas, and, like many other writers on this subject, cautions them against the too free use of such means as are calculated to produce debility, a state so much feared in the management of erysipelatous cases. He afterwards calls their attention to the mode of treatment recommended by Dr. Robert Williams, which he (Mr. Wilson) "regards as judicious and admirable, and well suited to become a standard for your imitation. 'The mode, then (says Dr. Williams) in which I am in the habit of treating idiopathic erysipelas, whatever may be the part affected, or with whatever symptoms it may be accompanied, is as follows:—The patient is put on milk diet, the bowels gently opened, and from four to six ounces of port wine, together with sago, allowed daily.'"

So uniform a mode of treatment recommended for imitation by Mr. Wilson, and actually practised by Dr. Williams, in a disease so varied in its nature and in its degree of violence, appears to me to be as extraordinary as it is, in my view, pregnant with danger to the sufferers. On the same grounds, I presume, may the homœopathist and hydropathist maintain that their modes of treatment are suitable to every form of disease. There can scarcely be a greater proof of the absence of correct views regarding any complaint, or its appropriate treatment, than when so great discrepancy exists among medical men respecting the mode to be pursued in its management as is exhibited in the treatment of erysipelas. It has been insinuated by many of the profession that patients often recover in spite of their bad treatment, but in severe cases of disease, in which the resisting and restorative powers of the system are nearly balanced by processes of a controlling and vitiating nature, it is clear that a mode of treatment which is favourable to an increase of the morbid tendencies must be hazardous, and often fatal, to the patient. Thus, it must intuitively appear to every ordinary observer, that no disease, so varied and complicated in its nature as erysipelas, can on any account be so generally conducted to a favourable termination by any uniform mode of treatment as when the nature of the complaint is first duly considered, and the treatment employed suited to the existing symptoms. The use of wine or other stimulants at the commencement of many inflammatory or congestive forms of erysipelas, must, in my opinion, be considered to be among those causes which operate in the production of so much mortality in this complaint. Indeed, in order to give the patient even a chance of recovery in many cases, a very opposite mode of management, so far as my experience extends, must be adopted.

In the local treatment of erysipelas Mr. Wilson recommends either evaporating lotions or fomentations, the temperature to be determined by the feelings of the patient. One or other of these applications, so far as my information extends, is generally used. A few years ago an opportunity was kindly afforded me, during several months, of seeing the practice of many of the most eminent practitioners attached to the principal hospitals in Great Britain and elsewhere, and the evaporating or fomenting applications appeared to be most in use; yet some of these gentlemen, who stand at the very head of the profession, employed no local application whatever. Now, if I be correct in the observations that I have always made on the effects of these applications, as well as on the effects of the want of any application, I would range them among those causes which render erysipelatous affections so severe and dangerous to those who are the subjects of them. In my view, such local management is neither suited to arrest the progress of the disease nor to alleviate the sufferings of those for whose relief it is employed. Wet applications of every kind applied to the tender inflamed surface of an erysipelatous part, keeps up, at least, a very irregular temperature, and as the principal mischief at the beginning is chiefly external, the varied temperature is apt to repel the eruption to the more internal and vital parts, and this adventitious state lays the foundation of the principal difficulties and danger. The want of any local application to the parts affected is equally injurious, for the inflamed and irritable surface being exposed to the friction of either the bed or body-clothing, or even to the influence of the atmosphere, increases the irritation of the parts, renders the patient uneasy and restless, and disturbs the system generally to a greater degree than seems to be imagined by those who practise it.

Having made these observations, I shall briefly relate the mode of procedure which I have pursued for upwards of twenty-five years, in this large manufacturing town, where erysipelas frequently prevails in a severe, and, occasionally, in a fatal form. For a considerable period of my professional career the opinion that I have formed regarding the origin of disease is, that the nervous system, or some portion of it, is

always the part primarily and abnormally affected, and that the system then generally or partially participates in the derangement. This view I consider essential in order to the proper and successful treatment of erysipelas. In the production of this complaint an irritating agent, as a current of cold air, for example, is applied to the face and head, when the sentient and motive organs of the affected part assume a peculiar and altered action, which in its turn exerts an influence on the vascular system, and the result of these changes operate unfavourably on the blood as well as on the various organic functions.

Thus, it is evident that when the disordered state of the nerves, the origin of all the mischief, is skilfully treated at the very commencement, the affection of the system will either entirely, or, in a great measure, be prevented, and the usual dangerous and fatal results in almost every case averted. In order to obtain these desirable ends the following mode of treatment pursued by me during the period already mentioned has accomplished all that the practitioner can reasonably expect.

At my first visit, if the patient's skin be hot, pulse quick, with headach, and other febrile and inflammatory symptoms, at the same time that the erysipelatous part is turgid and tender, blood is immediately taken from the arm, the quantity being proportioned to the strength of the patient and the violence of the symptoms—I may state that from ten to thirty ounces, according to circumstances, may be safely taken. I very seldom repeat the bleeding; indeed, repeated bleeding should be practised with great caution, except when some internal organ, as the lungs, participates in the inflammatory action: when repeated free bleeding will be requisite; but even in this state of things the oppression at the chest will, in the end, be more safely and certainly relieved by nauseating doses of antimonial tartar, even to gentle vomiting, than by bleeding to the extent that the symptoms indicate.

The next step in the treatment is to immediately cover the erysipelatous parts with a material soft, light, and warm, as a soothing application, and sufficiently compact, in order to lessen the rapid evaporation from the burning and inflamed surface; it should also be sufficiently porous to admit into its substance the acrid exhalations from the diseased parts, otherwise vesications and suppuration would more frequently occur. By the use of such means an uniform temperature is kept up on the surface, the parts are soothed and relaxed, and the repulsion of the eruption prevented. The application which I use for these purposes is one of the very oldest description, namely, fine flour, well dried at a fire, and applied warm over the parts affected, and so as to be covered with it as thick as a penny-piece. The flour thus applied is to be kept in its place by a thin fleece of cotton-wool, and the whole to be secured by a thin muslin napkin. As long as the parts continue hot and flushed, the flour should be changed every eight or twelve hours, and fresh flour applied as at the first. This form of application has a great advantage over others, not only on account of its greater safety, but it is more agreeable, and gives the patient less trouble in its application. One or two hours after bleeding and dressing of the affected parts a smart purgative should be administered, containing five grains of calomel. After the operation of the purgative two grains of calomel and five grains of antimonial powder should be given to the patient every eight hours, for the purpose of determining to the surface of the body and regulating the secretions, which in many instances are much deranged.

By the use of these means the febrile and inflammatory symptoms are greatly alleviated in the course of three or four days, when the antimony and calomel should be suspended. If the calomel and antimony do not operate freely and easily on the bowels a mild dose of salts or castor-oil should be administered every second day, until the acute symptoms are subdued. In the acute forms of this disease the patient generally sleeps little for several nights, and in order to procure this desirable end a dose of muriate of morphia, combined with an antimonial, may be given to the patient on the fourth night, or even sooner, if the febrile symptoms are lessened, with generally the most agreeable and advantageous effects.

In another form of this complaint, in which the patient is of a weakly habit, pulse not much accelerated, skin cool, and the appearance of the erysipelatous part of a dusky colour, bleeding is in general inadmissible, but all the other means should be rigidly attended to. As in this form it is more necessary to bring the patient under the influence of the calomel than in the more acute cases, one grain of calomel, with five of the antimony, is generally the quantity I use every six or eight hours. These means, with the flour externally, have an excellent effect in determining to the surface of the body and relieving the internal parts, as well as in exciting the torpid state of the circulation, which is always present in such cases. In my view it is a great error, in this form of the complaint, to consider its symptoms as the result of debility, and to commence its treatment by stimulants and cordials. Such procedure in bad cases frequently aggravates the symptoms, and renders the state of the patient more precarious. In both forms of the complaint, however, as soon as the disturbed condition of the system is considerably corrected, any real symptoms of

debility that may arise should be combated by nourishing diet, and even cordials and stimulants. The risk of inducing dangerous debility in acute cases of erysipelas by the use of an ordinarily active antiphlogistic treatment, during the first few days, is quite ideal; the danger arises not only from the neglect of removing the causes of the complaint by the use of proper means, but actually also by accumulating the evil by the use of improper means. When suppuration takes place the pus should be evacuated, but when the case is properly managed and seen early this result seldom occurs; I have only seen it twice in all my experience.

Scarifications, so much recommended and practised in this complaint, I deem to be seldom if ever necessary, if the means I have pointed out be carefully put in operation; indeed, except in hospital practice, I cannot conceive how they are to be tolerated.

By the above modes of treatment, then, I have good grounds for stating that erysipelatous complaints are, in a great measure, robbed of their severity and danger; for by such management for upwards of twenty-five years, I have never lost a case when I attended the patient from the beginning of the attack, excepting in a very few instances, in children under two years of age.

In THE LANCET for May 13, 1843 (page 248), Dr. Henderson, in a mild and gentlemanly manner, notices my remarks on his case. In labours like the one related by Dr. H. there is, so far as I have observed, always unnatural obstructing actions of the uterus, or the children would be born sooner than even in his case. The resisting spasmodic contractions being less powerful than the propelling efforts of the uterus, the child is gradually advanced until the head is born, when, in not a few instances, the expulsive efforts in a great measure cease, and the spasmodic contractions being now no longer resisted by the advancement of the child, contraction takes place around its neck. To show that my opinion is not hastily formed, I refer Dr. Henderson to my sixth and tenth illustrative cases. I am, Sir, yours respectfully,

JOHN CRAIG.

Paisley, May 30, 1843.

MAKING BELIEVE TO ADMINISTER ARNICA.*

To the Editor of THE LANCET.

SIR,—It is just two years since I drew the attention of the medical profession, through the medium of your Journal, to the invaluable benefits to be derived from the use of arnica montana in bruises, incisions, sprains, and other affections more particularly regarded as belonging to surgery. Since that time the numerous additional cases illustrative of the value of arnica, have increased so fast, that I have given up recording them particularly. My attention has, however, been arrested to a case so strikingly illustrative of these benefits, that I have thought it to be my duty to forward it to your Journal.

To the Royal Jennerian London Vaccine Institution, last Thursday, a mother brought her child to receive the certificate of protection. After receiving it she exclaimed, "You, Sir, saved this child's life," and a fine little fellow he was. I had quite forgotten the circumstance. I asked the name, and, on reaching home, examined my book of cases, and found the following:—Alfred Wyatt, June 20. Aged three months and a fortnight; child apparently dying. A little girl that nursed the child had let him fall, and he, in falling, fell upon *his head*. The mother had obtained somewhere a powder, but the child became worse. He had been in a severe fever ever since the accident. His eyes were half closed, and the peculiar cast of countenance indicative of affection of head was present; in fact, I feared the child would die before he reached home. I told the mother to let me know the state of the child on the following day, my belief being that I should hear of his death. I ordered three globules* of aconite in two ounces of water, a fourth part immediately, and four hours after the first dose of aconite a dose of arnica, three globules, in two ounces of water, a fourth part as a dose, and to repeat the aconite and the arnica, alternately, every four hours.

21 (*i. e.*, the next day). The mother came to me and said, weeping with joy, "He is laughing to-day." Her gratitude was great; she said she thought that before she should reach home yesterday he would have died. I ordered another aconite mixture and another arnica mixture, a dose of each once a day, and the result was *then* health, and on Thursday last the agreeable notice, "You, Sir, saved this child's life."

Arnica is now used most extensively by allopathic practitioners, so much so, that the following notice has been deemed necessary:—"The great and increasing demand for tincture of *arnica* has led many drug merchants to vend a root which is not that of the arnica montana."—*British Journal of Hæmœopathy.* Yours sincerely,

JOHN EPPS, M.D.

May 27, 1843.

* Our worthy correspondent had entitled his letter "Arnica and its Uses," but an examination of his prescription, in the note, induces us to prefix a more correct heading. —ED. L.

* The child did not use arnica externally, and the globules of aconite were impregnated with aconite tincture at the *octillionth* dilution, and the globules of arnica tincture at the *billionth* dilution.

SUPPRESSION OF HÆMORRHAGE AT THE GUM.

To the Editor of THE LANCET.

SIR,—The following case, illustrative of the great difficulty often experienced in stopping hæmorrhage from the minute maxillary arteries after the extraction of a tooth, will also show the efficacy of a simple method of cure in such cases, when pressure can be positively applied to the mouths of the bleeding vessels.

I was sent for some time back to a lady, who, on the preceding evening, had a tooth extracted by a dentist, and whose gum had continued to bleed profusely from the time of the removal of the tooth until I saw her, being a period of about eight hours.

I found the mouth filled by coagula, and a perpetual dripping of arterial blood escaping from the mouth. A variety of remedies had suggested themselves to the patient and her friends, but none had at all subdued the bleeding. On clearing the mouth thoroughly from the coagula, I observed that in the extraction of the tooth (the third molar of the upper jaw) the dentist had broken off a considerable portion of the alveolar process, leaving a point of bone sticking out in the hole which had been thus made. A large piece of the gum had also been torn away. Several minute arteries were bleeding freely in the gum. I employed all the usual remedies adopted in such cases, but none of them, neither lunar caustic, nitric acid, nor the actual cautery, effected a cessation of the hæmorrhage.

After using such remedies as I could devise for three or four hours, I tried the effect of compressing the part between the finger and thumb. This produced great nausea and vomiting at first, but having no other agent upon which I could at all depend, I determined to try the effect of long-continued pressure upon the mouths of the bleeding vessels. Of course, during the immediate pressure of the finger and thumb no hæmorrhage could occur, as the part allowed a direct application to the open vessels; but at the end of an hour there was very slight, if any, diminution of the hæmorrhage; in another hour, however, the decrease of hæmorrhage was decidedly perceptible; in a third hour still greater improvement was evident, and by five hours and a half after I first employed pressure the hæmorrhage had ceased entirely.

For some weeks the gum was extremely tender, but gradually the tenderness has passed off, although at the present time the spicula of bone which was left of the alveolar process (for I did not deem it prudent at all to increase the loss of bone) is very painful when pressed upon suddenly and violently. I have the honour to be, Sir, yours obediently, THOMAS EMBLING.

Brompton-row, June 6, 1843.

CASE OF

ASPHYXIA IN AN INFANT,

FROM BEING OVERLAIN IN BED.

By JAMES M. ADAMS, Esq., Surgeon, Glasgow.

OCT. 19, 1842. This evening I had an opportunity of inspecting the body of a female infant, aged six weeks, which had died under peculiar circumstances. The child had been remarkably healthy from birth, and nothing unusual in its appearance was observed on the evening previous to its death, nor at two o'clock of the following morning, at which time the mother lifted it from the cradle into the bed where she herself slept. Between the hours of five and six o'clock, a.m., the mother awoke and gave her child the breast, before rising to attend to her household affairs; and at half-past six o'clock, on going to the bed to see the child, she found it dead. A quantity of fluid matter, probably coagulated milk, had issued from the nose and mouth, and flowed over the neck and breast, and she likewise observed a little blood on the upper lip and cheek of one side. She noticed afterwards a slight stain of blood on her own bed-gown.

Inspectio cadaveris twelve hours after death.—The body, which had not yet entirely stiffened, was plump and firm, and presented numerous dark livid patches on its posterior surface. On the inner and *anterior* surface of the left arm, at the flexure of the elbow, there was seen a reddish-violet stain; the lips were blanched; the eye-balls prominent, the pupils contracted and unusually clear; the hands were rigidly clenched, and the thumbs turned into the palms; the toes were strongly flexed. The anterior fontanelle was large and depressed.

On opening the head the surface of the brain appeared unusually exsanguine, a few veins only, which ran between the convolutions, being filled with blood. There was a slight effusion of serum under the arachnoid, but at the base of the brain, surrounding the medulla oblongata, nearly two ounces of serum were found. On cutting into the substance of the brain numerous bloody points presented themselves, more particularly at the posterior part of the centrum ovale on both sides. These bloody points enlarged instantly, from which I inferred a great amount of congestion. The right ventricle contained nearly two drachms of turbid serum and the choroid plexus was congested. The left ventricle was nearly empty. The lungs, which did not collapse on opening the chest, were of a reddish-brown colour, and loaded with blood and serum. The margins of the inferior lobes were emphysematous. The heart was firmly contracted, and contained only a very small

quantity of blood in the right cavities; the pulmonary artery was filled with blood. The thymus gland presented nothing remarkable, other than that, on cutting into its substance, I could see none of the milky fluid which it usually contains. The mucous membrane of the trachea was deeply congested, and was lined with reddish frothy mucus. The stomach contained a quantity of milk. The colon was distended with flatus, and, at the commencement of the transverse arch, was contracted to half its calibre in an extent of half an inch; the mucous membrane lining this part was much corrugated. The liver was congested. The gall-bladder empty. Nothing else worthy of note was observed.

Several circumstances in the history of the foregoing case assist in establishing the opinion I have formed that the child died asphyxiated, in consequence of having been "overlain" during the night by the mother. She, the mother, a sober industrious woman, had for some days previous incurred unusual fatigue by sitting up, during a considerable part of each night, sewing, by which employment she supported herself and children. On the night in question she went to bed jaded and exhausted, and quickly fell into a sound sleep, from which she did not awake for three hours and a half. It might very readily happen that at some part of this period she may have assumed such a posture as would, either by her own person or by disturbing the arrangement of the bed-clothes, interfere, to a greater or less extent, with the free respiration of the child. A few minutes after awakening she gave the child suck, but observed that it appeared very sleepy and unwilling to take the breast. She then rose to attend to her household affairs, but without quitting the small apartment in which she slept, so that had the child cried or evinced any symptom of uneasiness she must have heard it, and so also would a neighbour, a woman, who came in at six o'clock, and who was present when the child was found dead.

That the child took suck so shortly before death, does not, I conceive, militate in any way against my opinion, for the act of sucking is quite instinctive, and recent physiological investigations have shown that the functions of the cerebellum and medulla oblongata continue for some time after the sensorial functions are destroyed. I think it is more than probable, moreover, that the full stomach, by impeding the descent of the diaphragm, still farther obstructed the circulation and caused a more speedy prostration of the already enfeebled powers of life.

All this would be very fair *primâ facie* reasoning, and it remains to consider how far the after-death appearances assist in carrying out the inferences, and these appearances, I think, we can with every confidence say were quite conclusive. The lungs were highly congested, and distinct evidence of great congestion in the brain was shown by the quantity of serum found within the cranium, as also the bloody points which appeared on slicing the brain. The unusual emptiness of the vessels on the surface of the brain is readily accounted for by the large fontanelle admitting of the atmospheric pressure. Altogether, the congested condition of the lungs and air-passages, the frothy reddish mucus found in the trachea and bronchia, the reddish-violet stain on the skin of the arm (and similar stains may have existed on other parts of the body, which I did not examine on account of the swaddling clothes), and the appearances found within the cranium, are peculiarly characteristic of death by suffocation. In addition to these considerations we need only to recollect that the child had never exhibited the slightest symptom of ill-health, nor was there anything unusual or remarkable in its appearance when put to bed on the evening previous to its death.

Rose-street, Garnet-hill, Glasgow,
May, 1843.

*** The proof of the child having been "overlain" is exceedingly incomplete, and, from personal observation of scores of such cases, we can assure Mr. Adams that the evidence is far from justifying such a conclusion.—Ed.

CASE OF CUT-THROAT.

By Thomas Howden, Jun., M.D., Haddington.

The details of the following case are not in themselves possessed of much interest, but the important practical question arising out of its unfortunate result makes me ask a place for it in The Lancet:—

J. M., ætat. 70, a gardener, of thin and relaxed habit, honest, and naturally cheerful, had, for a good many weeks, been affected with morbid melancholy, arising out of the idea that he had not been faithful to his employer; and on the morning of the 8th May he attempted to commit suicide by cutting his throat with a razor. The incision passed between the os-hyoides and thyroid cartilage, opening into the mouth, and almost dividing the root of the tongue, which was only kept united to the epiglottis by a narrow band of the lining membrane of the mouth. No vessel of consequence was injured, and there was no great loss of blood. The immediate effect of this separation of parts was, that the os hyoides was raised above its ordinary level, the tongue gradually contracting on itself, and the larynx tended to fall downward and backward beyond the rib which it usually occupies. The wound was there large and gaping, and the thin band which held the root of the tongue

seemed daily to get narrower and longer. He, of course, could swallow nothing, not even his saliva; whatever entered his mouth passed out by the wound.

This was stitched, and an attempt made to keep it together, which could not effectually be done; and no part of it healed by the first intention. Next morning an attempt was made to pass an elastic catheter by the mouth into the œsophagus by which to nourish him, but the attempt produced such violent irritation and spasm of the glottis as to induce me to desist, and rather to introduce it from the wound, by which the finger could more easily guide it over the larynx. It was allowed to remain there during forty-eight hours, when, from the character of the breathing and cough, it became evident that considerable irritation, if not inflammation, existed about the glottis. It was therefore withdrawn; and thus, and by the inhalation of vapour, the irritation subsided during the night, and the tube was introduced from the mouth in the morning, being the 12th. From this time it caused no irritation, the breathing being natural, and the cough not more than might be expected to arise from the necessity of ejecting the mucus and pus which there collected. The wound seemed to do well, and was greatly diminished in size, although the passage into the mouth still continued.

The necessity of feeding him three times daily, and the convulsive movement of the parts engaged in the injury at each introduction of the tube, seemed to recommend it being constantly kept there; and the apparently entire absence of any irritation caused by it seemed to justify this course. Accordingly it remained from the 12th till the 28th, with the exception of a few hours, when he had withdrawn it during the night. On the 28th I dressed the wound, and gave him his breakfast, and left him, as I thought, remarkably well; but in half an hour after he was seized with violent suffocating cough, and in a few minutes was dead. On the 24th and 25th his evacuations were quite black, and evidently contained blood, but by the morning of his death had resumed a natural appearance.

An examination of the parts after death showed that the band between the root of the tongue and epiglottis was about one inch and a quarter long, and was composed of three separate filaments merely; what is ordinarily the free margin of the epiglottis was no longer free, but turned quite forward; and this connecting band seemed to originate from it; what is ordinarily the posterior surface was thus made superior, and it could not be put back upon the glottis, which was left, in so far as the epiglottis was concerned, quite unprotected. There was a blush of inflammation upon the superior surface, but the interior of the larynx was in every respect healthy. Upon its pharyngeal aspect, however, was an ulcer of about an inch in length, upon the back of the cricoid cartilage (or, as it was in this case, bone), and in one small point exposing it. This was evidently produced by the instrument which had so long been kept there. It is not improbable that the blood in the stools arose from this.

The first question of interest arising out of the foregoing is, what was the immediate cause of the spasm of the glottis which seemed to produce death? Was it the ulcer described? This is not likely; as we cannot conceive of it causing no apparent irritation at the time of having the wound dressed, and in half an hour causing so much as to prove fatal. A more likely cause is the permanently open state of the glottis, and the probable entry of his saliva in an incautious attempt to swallow.

The next question arising out of it is, what was the principal object in the treatment? Certainly first to heal the wound; but also it was of the greatest consequence to preserve, as far as possible, the natural connection of the epiglottis, and for this purpose it was necessary to avoid lengthening the band connecting it with the tongue. The most likely means were the keeping the parts approximated as perfectly as practicable; and to insure this as constantly as possible, to keep the tube always inserted. But we have found that the tube thus kept brought on a state of parts which would before long have been the cause of death; and therefore in a similar case it could not again be had recourse to. This is an important caution; still the strong necessity of keeping the parts at constant rest exists, and the frequent introduction of the tube is altogether incompatible with this, and tends directly to the production of that condition of the glottis which in this case was fatal. The only alternative is to make an incision into the œsophagus, and to introduce the tube from that. I do not know that it would have saved this patient, but he would have had a better chance of living.

May 29, 1843.

THE notable grammarian, Dumergue, being confined to his bed with an abscess of the throat which threatened immediate suffocation, was attended by a provincial physician who, in his bad *patois* in a phrase of an equally ungrammatical kind with the following:—"If you *doesn't* take what I send you, do you think"—"And do you think"—screamed Dumergue, starting up with indignation, "is it not enough that you poison me with your physic, but that you must come to embitter my last moments with your bad grammar? Get out." The sudden violence of the effort gave issue to the abscess; and the grammarian who had benefited little by the medicines of the practitioner, was saved by his bad French.

CURE OF DIABETES MELLITUS.

A WOMAN, sixty years of age, and in a state of abject misery, presented herself at one of the French hospitals in February, 1842. She had menstruated regularly from the age of fifteen to that of forty-eight years; but she had never borne children,—miscarriages, of which she had suffered fourteen, having always occurred to prevent full gestation. She had contracted habits of drinking; thirst was constant; intellect much impaired, and very obtuse. Her disease had come on suddenly, and had lasted for four months, during which she had passed about two pailfuls and a half of urine daily. The urine, analysed by M. Bouchardat, was found to contain seventy parts in one thousand of diabetic sugar.

The patient was clothed in flannel; the diet was confined to animal food and a small quantity of bread, with generous wine; and an opium pill was taken nightly. Maccaroni (*? pain de gluten*) was substituted for wheaten bread, and chicken for the ordinary meat used in the hospital. This treatment produced a rapid amendment. The thirst progressively diminished, till in about two months one-third of a pailful of urine was all that was passed daily, and in this no sugar was discovered. The other symptoms disappeared in succession; and in June, a little more than three months after her admission to the hospital, the patient was discharged in a state of advanced convalescence. —*Gazette des Hôpitaux.*

CASE OF HYDATIDS IN THE ABDOMEN.

AT the last meeting of the London Medical Society, Dr. Theophilus Thompson read a communication on hydatids, a topic of much interest in relation to zoology, pathology, and practical medicine. He offered various objections to the theory of their being imperfectly developed, modified portions of the body which they inhabit, and advocated the opinion, that simple as is the structure of the globular organised cysts, known by the name of acephalocysts, that even that variety of hydatids are animals possessing independent life, and formed from their proper ova, being developed in consequence of morbid conditions of the organs wherein they are found lessening the power of those organs to prevent their growth. Assuming that the origin of the tæniod extozoa might thus be fairly explained, the easy gradation to the cysticercus, and thence through the pill box, or endogenous, to the exogenous, or single hydatid, authorised the application of the same scheme of explanation to all these varieties.

The assimilative function evinced by their choice of appropriate food, and consequent similarity of contents in various structures and secretions; also the prevalence of particular species in certain countries, and their failing to irritate like tubercles, were also adduced in support of this hypothesis.

In the lower animals certain varieties of diet were shown to favour the development of hydatids, but in the human subject the cause most frequently suggested in the cases seen or read by the author was a blow.

He proceeded to detail the case of a woman, aged 53, who lately died under his care, having been affected with hydatids for thirty years, in consequence, it was believed, of a kick on the abdomen. Twenty-nine years before her death, and at several subsequent periods, many of these bodies, accompanied with peculiar and sometimes purulent matter, had issued from an opening near the umbilicus. The patient suffered from much abdominal pain, frequent diarrhœa, anasarca, and great debility, but by the adoption of leeching, with a soothing and slightly tonic treatment, it was long before her strength entirely declined.

On a post-mortem inspection two swellings near the umbilicus were found to communicate with a conduit (full of chalky-looking matter, of a faint, offensive odour), extending upwards to the liver, with which organ it appeared to have formerly communicated. Eight or more sterile hydatids studded the surface of the liver. At the under surface of this organ was an abscess, containing pus and decayed cysts. The gall-bladder was much enlarged and distended with similar cysts, and numerous hydatids were also found in the mesentery.

Among the topics for comment in this case Dr. Thompson particularly specified—First, the number of sterile hydatids in the liver; secondly, their abundance and size in the gall-bladder, though surrounded with bile; thirdly, the peculiar structure, form, and direction of the principal cyst, or conduit, containing the hydatid abscess; fourthly, the apparent origin of the complaint from a blow; fifthly, the remarkable tenacity of life in the subject of the disorder, notwithstanding the death of the parasites. In a practical point of view the author conceived that no operation would have been advisable in this instance, but that in some analogous cases, after an exploratory puncture with a grooved needle, such tumours might be advantageously opened with potassa fusa, a plan which had been repeatedly adopted by Recamier with success.

He concluded with some observations (illustrated by the case under review) on the management of chronic affections, in which careful attention to the intestinal mucous membrane was especially important, although too often frustrated by the combined influence of mechanical pressure and feverish excitement.

In relation to the questions involved in Dr. Thompson's communication, Dr. Will-

shire remarked that he was a convert to the new German school, which did not now profess the doctrine of "spontaneous generation," but had substituted the hypothesis of special forms of life undergoing metamorphosis in an ascending or descending series. They allowed that life could not originate where it had not previously existed, but considered that in the low forms of life remarkable developments occurred from metamorphosis, each form of life having its proper metamorphosis. Thus caseine and fibrinous matter formed the vibrio, &c., adipose matter the paramecia,—a statement which Dr. W. had verified from personal observation. He considered that hydatids, as well as the ascaris, oxyuris, and other intestinal worms, owed their formation to a similar mode of development. He referred to some experiments, which, however, he thought inconclusive, made in opposition to this speculation by Schultze, who found the vapour of sulphuric acid prevent the development of infusoria. Dr. W. referred to a paper of his on the subject, inserted in THE LANCET two years back.

CASE OF

SCIRRHUS OF THE PYLORUS,

WITH

AN EXCEEDINGLY CONTRACTED STATE OF THE STOMACH.*

By EDWIN CANTON, Esq., Demonstrator of Anatomy at Charing-cross Hospital.

A. B., ætat. 40. During his residence abroad had an attack of illness, attended with vomiting. From this time to the period of his death, an interval of ten years, he was subject to frequent paroxysms of pain and sense of tightness across the epigastrium, followed by vomiting, which gave relief for a short time. He spent four years on the continent from the period of his first attack, becoming very emaciated and cadaverous; all the medical men where he resided, of any eminence, were consulted, not omitting the homœopathists, but without benefit. Six years ago he became the patient of an English surgeon, when he was excessively thin and wan; his diet at this time consisted of soup, Seltzer water, and sugar; of the latter he consumed nearly a pound per diem. After some time his food became more rational, he could now eat animal food and bread in small quantities, when previously pounded in a mortar, and his digestion improved, but whenever he indulged in any excess, that is, taking more than two ounces at a time, he had an attack of vomiting, which seemed to relieve him. It being quite obvious that no medical treatment could be of any permanent benefit, palliatives were alone resorted to; hydrocyanic acid always calmed the irritability of the stomach, and the mildest aperients, but more frequently enemata, were occasionally necessary. His great emaciation continued nearly the same for upwards of five years, but within the last three years it increased; he lost his strength, although he took more food, vomiting occurred more frequently; his complaint was chiefly of tightness across the stomach. His nights were always good; and he rode out in his carriage almost daily, until within two or three weeks of his death.

Sectio Cadaveris.

The muscles generally were pale and flabby; no fat was anywhere apparent until the interior of the body was exposed, where it was found collected in the omenta, around the kidneys, on the heart, and elsewhere, in comparatively large quantities, but of feeble consistence. The stomach at its greater curvature was so puckered up as to resemble in appearance the colon; the coats felt very thick and pulpy, which seemed to arise from fluid in the cellular tissue connecting them together, but at the pylorus, for the extent of an inch and a half, the walls were still thick, and of an almost cartilaginous hardness. On opening the stomach the colour of the mucous membrane was yellowish, quite destitute of rugæ, appearing as if it had been stretched, and would scarcely contain a smallish sized hen's egg. The pylorus was very hard, and contracted closely, also the adjoining portion of stomach, the mucous membrane presenting a short track of ulceration. The duodenum, remainder of alimentary canal, and other viscera, were free from disease.

The admeasurements of the healthy stomach, when not unusually full, as given by Meckel, are:—One foot long from the base to the pylorus (the present one was less than three inches), three or four inches high in its highest part, and as many broad from before backwards (in the above case it was not more than an inch and a half in both these directions). Instances are not wanting where the distention proceeded to such a degree that the stomach has been found to cover nearly the whole of the intestines, and even to reach the pubes; on the other hand, in the case of a female mentioned by Cruveilhier, who died a month after having voluntarily swallowed a small quantity of sulphuric acid, the contracted stomach was not larger than a moderately-sized gall-bladder. In the present disease the cavity of the organ may be much dilated, of its natural size, or contracted; the first condition usually appertains where the pylorus is much and alone affected, this state being slowly induced by the undue detention of the food, and is the most common appearance met

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* Read before the London Medical Society, May 29, 1843.

with, as might be anticipated from analogy, for whether a stricture exist in the urethra, rectum, or nasal duct, the part above is generally enlarged; the second, when the valve is less thickened and proportionably closed, permitting a freer egress; the third, where the disease extends to near the cardia, producing its characteristic puckering, as in the case detailed. Adventitious growths affecting the intestinal canal have most commonly their origin in the cellular tissue between its walls.

Scirrhus generally attacks those portions of the stomach where this texture is most abundant, viz., the œsophageal orifice, the lesser curvature, and pyloric end; of these three parts, that to which it is most frequently confined is either the first or last; it rarely extends the whole length of the viscus; the instance adduced is, however, an exception. It is curious that the disease almost invariably creeps towards the left, when commencing at the pylorus, and that there should be so commonly found a distinct line of demarcation between the unsound portion and duodenum, which is very generally quite healthy. The scirrhous matter when cut into presents, at its thickest part, an appearance like the rind of bacon; where less consistent, that of hypertrophy and infiltration of a viscid fluid into the strata of cellular tissue between the coats of the stomach, this texture between the mucous and fibrous tunic, which is normally most distinct, being especially implicated; blood-vessels are rarely found pervading the part. The pylorus is thickened, contracted, and undilatable, looking sometimes like the os uteri and shrivelled cervix. The muscular fibres of the stomach may become enlarged, and the chief morbid appearance of the mucous membrane observable is that of ulceration more or less deep and defined, generally in the neighbourhood of the valve, induced, it would seem, by the mechanical pressure the part is subject to from the food being so forcibly and unavoidably urged against the morbid barrier hard by. Should the ulceration proceed to perforation of the coats, extravasation is usually prevented by the margins of the aperture having become adherent to an adjoining part, generally the liver, pancreas, or transverse colon. Hæmatemesis may accompany this aggravated condition, blood-vessels being opened into, but more frequently their interior is plugged up with lymph from preceding inflammation. Ulceration is prone to attack a part in the neighbourhood of a stricture, after the disease has existed for some time, of which fact notable examples are in the urethra and rectum. Bichat had seen the nerves of the stomach in a case of scirrhus hypertrophied. The adjoining lymphatic ganglia are commonly enlarged. A curious feature in the case of A. B. was the store of fat in the abdomen, and its absence elsewhere.

This disease generally occurs in those of bilious temperament, very rarely before the age of twenty-five, is more frequent in men than women, which, says Baillie, may arise from the greater intemperance in the one sex than the other, allowing, at the same time, the existence of predisposition to the disease, and is said to be hereditary. The causes assigned are injuries to the epigastric region, immoderate use of alcoholic fluids, depressing passions, and prolonged compression. An illustrative case of the latter cause is to be found in THE LANCET for the year 1849, of a sawyer who worked at the upper handle of the saw, in consequence of which his body was being constantly bent forward. He was in the habit of wearing a leathern belt very tight round the waist. The ensiform cartilage, which was bending inwards, pressed upon the neighbouring parts. When the patient placed his fingers under the depressed portion and elevated it, he was enabled to prevent the vomiting. The symptoms begin very insidiously, and are often only such as dyspeptics complain of, at other times they set in with violence, affording at once characteristic signs. The pain experienced is generally more of a burning than lancinating description, nausea, acid eructations, vomiting, usually occurring at a regular period, which is for the most part two or three hours after food is taken. This symptom much depends upon the kind and quantity of the food, and the frequency with which it is received. Solid matters agree least well, and in those cases where the vomiting does not occur very often, it will be found that the nourishment is fluid, or pulltaceous and bland, taken in small quantities, and at comparatively short intervals. Vomiting, together with the pain, may be absent for some time, and then recur with all former violence, embarrassing the practitioner in his diagnosis; obstinate costiveness, sense of constriction in the epigastrium, a sallow, cadaverous, and anxious countenance, indicative of the existence of organic disease, and in some cases a fulness may be perceived, or even an irregular unyielding tumour felt in the region of the pylorus, increasing emaciation, and debility. The complaint bearing the closest resemblance to the one under consideration, is sub-acute gastritis, and to show the difficulty that may sometimes be experienced in forming an accurate diagnosis, I need only quote two valued authorities, Andral and Dr. Alison, the former says, in his "Clinique Medicale," —"Hors le cas où une tumeur se fait sentir à travers les parois abdominales, il n'existe aucun signe certain pour distinguer ce qu'on appelle dans le language médical ordinaire un cancer d'estomac, de ce qu'on appelle une gastrite chronique;" the latter, in his "Pathology," remarks, "These organic diseases of the alimentary canal can hardly be distinguished from the effects of simple

chronic inflammation of the mucous membrane."

The case of Napoleon Bonaparte is very illustrative of many circumstances connected with scirrhus of the pylorus, in an aggravated form; there was *hereditary tendency* to it, inasmuch as his father died of it; gnawing pain and heat in the epigastric region; constipated bowels; most distressing vomiting of a dark-coloured fluid, resembling coffee-grounds, very offensive, and occasionally containing small specks of blood. On examination of the body the stomach was found to be the seat of extensive cancerous disease; strong adhesions connected the whole superior surface, particularly about the pyloric extremity, to the concave surface of the left lobe of the liver; and on separating these an ulcer, which penetrated the coats of the stomach, was discovered one inch from the pylorus, sufficient to allow the passage of the little finger. In this instance, as in the one detailed, the omentum was found remarkably fat. Dr. Arnott, who attended Napoleon in his last illness, remarks,—"If, then, it should be admitted that a previous disposition of the parts to this disease did not exist, might not the *depressing passions* of the mind act as an exciting cause? It is more than probable that Bonaparte's mental sufferings in St. Helena were very poignant; by a man of such unbounded ambition, and who once aimed at universal dominion, captivity must have been severely felt."

With respect to the treatment little need be said, numerous remedies have been tried, but all found to be here as weakly antagonists to this unconquerable disease as when elsewhere situated.

The local means that have been employed occasionally are, moxa, tartar emetic, ointment, and blisters, as counter-irritants, anodyne plasters, fomentations, and embrocations, to relieve pain, leeches when inflammation supervenes. The internal medicines are commonly narcotics and sedatives; purgatives and emetics are obviously objectionable, though the patient sometimes urges their administration to relieve costiveness, on the one hand, and the uneasiness of stomach often felt shortly after a meal on the other. The food should be of the most unirritating but nourishing description, taken in small quantities, and as frequently as the stomach can be brought to bear it; fluids seem to agree better than solids; nutritious enemata may be necessary. Rest and quietude should be enjoined, and the mind freed from anxiety, for the symptoms are always found to be aggravated when any mental inquietude is present.

FUNGOID TUMOURS IN A HUMAN SUBJECT, ACQUIRED FROM A QUADRUPED.

THE "Journal de la Soc. Med. de Montpellier," states that a woman in the South of France, whose child had died five days after birth, preferred afterwards to suckle a lamb instead of another child, or instead of employing any means to prevent the secretion of milk. The woman, who was of a lymphatic temperament, had at one period been subject to scrofulous glandular swellings, but these had long healed, and at the period in question she was in good health, and had no tenderness or unsoundness of the nipples. In about a week's time the lamb was observed to be out of health; still it continued to be suckled. At the end of a fortnight signs of an unhealthy inflammation manifested themselves on the inside of its mouth and around the lips, consisting of a purplish-red eruption, with some engorgement of the mucous membrane, in which some dark red spots were here and there perceived. These spots became the seats of some small tumours of a dirty white colour, and though these soon disappeared again by the unassisted efforts of nature, similar tumours arose on the outside of the lips, which remained persistent, and assumed a fungoid character, bleeding on the slightest occasion. They arrived at the size of a pea, and were attended with considerable irritation of the digestive and urinary passages. The latter symptoms were moderated by an infusion of pellitory mixed with olive oil; and the tumours checked in their progress by a mixture of oil, vinegar, and salt, which, being applied to them, caused their atrophy, and subsequently their falling off. The disease which, in the *patois* of the country, was termed *boukichon* (mal-labial) is popularly considered contagious; the suckling process was, however, allowed to continue for another fortnight, when the lamb was removed.

It would seem, however, that for some time before the final removal of the lamb, the woman had felt pains in her breasts, and observed the growth of several small tumours in that situation. It was after the lamb had been observed in failing health for about a week, that she noticed around each nipple an unusual redness, which was soon afterwards attended by a burning heat, particularly during the act of lactation. A few days afterwards some purplish spots appeared in the areola surrounding the left nipple, in the centre of which seven pimples were seen, each about as large as a pin's head. These pimples were at first red, but soon became greyish, assuming the same aspect with those around the mouth of the lamb. They increased rapidly in size, became pediculated, and assumed the fungoid

and bleeding character. At this period also (Jan. 17, 1841,) three similar tumours began to grow on the right breast, and followed a march similar to the preceding. By the 24th of January the seven tumours on the left side had together become as large as an ordinary-sized pear, while the three on the right side had attained the magnitude of an almond. The cessation from suckling the lamb was not adopted till this late period. Emollient poultices and lotions, leeches, &c., were employed with little benefit to the breasts. Compression was next used; but it had only the effect of agglomerating the separate tumours into one! Calcined alum and such feeble escharotics were equally unproductive of any good result. On the 9th February the patient consulted the practitioner who has reported the case. At this time the fungoid mass on the left breast was about three inches in diameter in its widest part, of a rounded form, and separated into three unequal lobes by two fissures; it appeared to consist of an interlacement of arteries and veins, interspersed with some nervous filaments. The tumour on the right side was quite of a similar nature. No fever was present, and the general health of the patient was not obviously affected. The morbid growths of the right breast were put an end to by the help of the ligature and a powerful caustic (*poudre de Vienne*); that of the left side required the knife for its removal, but the wound made in the operation readily cicatrised. The above case (we are aware of no recorded instance affording similar proof) clearly testifies the existence of another disease belonging to the category of those communicable from animals to man, of which class hydrophobia, glanders, and vaccine disease, are lively examples.—*L'Experience.*

EXTRACTION OF THE LOWER PORTION OF THE ULNA

M. Blandin lately laid before the Royal Academy of Medicine a preparation illustrative of the results of this operation. Caries of the bone was the reason for its removal. About two inches of the ulna were taken away without interference with the wrist-joint, and the wound readily healed; the patient, however, died eight months afterwards of tuberculous disease. In the preparation a fibrous tissue was found filling up the space between the truncated end of the ulna, and the lower portion of the radius; and in this tissue several irregular nodules of bone had been deposited. It appeared probable from both this circumstance and an increase in size and vascularity of the lower part of the ulna, that had the patient survived long enough a continuous deposit of bone would have been reproduced in the place of the portion removed, and would have gone on to fill the lower part of the inter-osseous space.

THE ACTION OF PREVENTIVES OF VENEREAL DISEASES, CONSIDERED PHYSICALLY, CHEMICALLY, AND MORALLY.

By Horatio Prater, Esq., London.

PHYSICAL AND CHEMICAL POINTS OF VIEW.

In the "Dictionaire des Sciences Medicales," perhaps one of the most learned and profound productions on medical science that has ever been published, a combined work of the greater part of the most distinguished physicians and surgeons of France, much consideration has been paid to the best means, so far as our present knowledge extends, of preventing the communication, and thus, ultimately, of annihilating the existence of venereal diseases. With this object in view, it is well known that the French government employ medical men to make examinations at regular periods of the state of health of all the public women in the French metropolis. After proposing that these examinations, which are at present made only every fourteen days, should be made every seven days, the author of the article in question proceeds to suggest that a notice should be put up in the rooms of the women in question, recommending lotions of lime-water, with which the tenants are to be supplied, as well as other accompaniments, at the expense of government.

These suggestions, if followed in their general outline, would have a beneficial effect on the public health. We concur in the propriety of a more frequent examination than that made at Paris, for reasons which the author of the article in question has well assigned; if, after a *full* trial, all other means were found to fail, we should concur likewise in the propriety of affixing a notice in the rooms respecting the best means for preventing this disease. But we cannot follow the author in his choice of remedies, since there is a far more effectual preventive than lime-water or any other means suggested in the article under consideration.

Various agents have at different periods been used to effect the object in question, but a short description of their properties will show that they must all frequently have failed in preventing the communication of gonorrhœa and syphilis. Bichloride of mercury, or oxymuriate of mercury, commonly called corrosive sublimate, is one of these. The celebrated John Hunter, in his book on the Venereal Disease, recommends this as a preventive, and states that it has succeeded when lime-water, &c., have failed. He advises that from one to two grains should be dissolved in a pint of water, and that such lotion should be used previous to

connection. It should also be used after, if at all.

We have made experiments with this active *poisonous* agent on gonorrhœal matter. We find that when a strong solution of corrosive sublimate is poured on gonorrhœal matter that its organisation, if the word may be used, is destroyed, that its colour is changed from a pale yellow to white, and that from being tenacious it becomes brittle. Moreover, when gonorrhœal matter is dissolved in water, and a solution of the salt in question dropped in, a precipitate gradually forms, which, however, is not so copious as might have been expected. These experiments, then, afford no room for doubt that very strong solutions of corrosive sublimate will decompose the matter in question. But still, as Hunter himself suggests, it seems not impossible that matter even so decomposed should still retain its contagious power,* at least in part. This, then, is one objection to the use of corrosive sublimate. Another objection is, that being merely an aqueous solution, it has no power of adhering permanently to the skin or mucous membrane. A third objection is, that if men use it in too concentrated a form, it produces a local and dangerous inflammation, and that women can never inject it, even in the weakest form, since, being a poison, it would produce, sooner or later, the most alarming consequences. The second of these objections has induced some medical men to recommend a union of oxide of mercury with a mucilaginous fluid, and a physician† has asserted, from direct experiment, that venereal matter, when mixed with mercury in this state of combination, does not infect the system when introduced into it by direct inoculation. These experiments are satisfactory, and only want repetition and extension irrefragably to establish the position at which they aim. But supposing the efficacy of mercury in this state established, it is to be remembered that the combination is in the form and consistence of a mucilaginous body,—that its application is a somewhat uncleanly operation, and that at present, as the efficacious proportion of oxide of mercury to mucilage does not seem established, it is doubtful whether the quantity necessary perfectly to ensure against infection may not be so great, as at all events *in time* to act on the system of those who use it. Indeed, this remark seems equally worthy of attention, if the mercury be efficacious when existing only in very small proportion, since being applied by friction on a mucous surface it will act very energetically. All these statements apply equally to oxide of mercury, or mercurial salts in combination with oil.* Oil itself has been suggested, and in my experiments oil was found immiscible with gonorrhœal pus; it certainly, therefore, would have a tendency to prevent the *contact* of venereal matter; but it is difficult to apply, for the parts must previously be quite dry, which, at the extremity of the urethra, is next to impossible. We have known gonorrhœa contracted where oil had been carefully used.

Lime-water is recommended in the "Dictionaire des Sciences Medicales," as already noticed. I have made no experiments on its effects, but they can scarcely be very different from alkaline solutions, and these Hunter ranks far below corrosive sublimate. I should certainly agree in this opinion. I found that gonorrhœal matter was miscible with a very strong solution of subcarbonate of soda, and that by such mixture the matter was converted into a gelatinous transparent fluid. Subcarbonate of soda, therefore, seems to decompose the animal secretion in question, or certainly renders it more soluble in water, but whether as a consequence it destroys all power of contagion is yet to be ascertained. Besides, subcarbonate of soda, in the proportion of the above experiment, could not be applied as a preservative against the diseases in question.

Solution of acetate of lead very strong: some of the matter put into this solution seemed to remain in it almost without alteration.

As regards the solution of chloride of lime,† so far as experiments have yet gone, chloride seems to be the most powerful agent in destroying the principle of contagion. Chemists have long arrived at this conclusion when such principle exists in a

* Nevertheless, we have thought it right always to give the chemical or mechanical properties of the different agents tried, as far as our knowledge extends.

† Dr. Harrison; Sweidaur on Syphilis, vol. ii., p. 245.

* Another most powerful objection is, that no experiments were made to show that mercury prevents *gonorrhœa*. Hunter, in the fourth chapter of his work on the Venereal Disease, gives a case where a man caught gonorrhœa while his mouth was sore from mercury, and states that he had seen many other cases of a similar description. Mercurial preparations, then, in *whatever form*, have not yet been shown to be in the *least* degree useful in preventing *gonorrhœa*. How far they may be efficacious in curing it is very doubtful. In Hunter's book, above alluded to, a case is given where the injection of a weak solution of corrosive sublimate was tried some time in gonorrhœa without success. But the chlorides, taken even internally, have been found, in several cases given in a French journal I lately met with, to cure gonorrhœa, at least as was supposed.

† The common bleaching powder of commerce. It may be purchased at any chemist's shop at a very low price. For the mode of making the *solution* see further on.

gaseous state, and floats about in the air; I was, therefore, anxious to know whether chlorine acts with equal energy in destroying contagion when it exists in a *fluid* state, or, at least, in union with a fluid. Accordingly I turned to the article "Vaccine," in the "Dictionaire des Sciences Medicales," and found that a series of experiments had been made on the vaccine fluid by a French chemist, and that chlorine concreted this fluid, and deprived it of its contagious properties. Fantonetti's experiments at the hospital of Pavia show that chlorine and chloride of lime destroy the power also of another *fluid* contagion, viz., that of the itch. The Italian physician found that when the hands of those with this disease were dipped in a solution of chloride of lime the disease was soon subdued. Cluzel, in 1810, is said to have made a similar observation.* In the "Revue Medicale" for 1835, are some experiments by M. Mancourt, of Bordeaux, by which it appears that the chloride of soda, in the proportion of three drops to three drops of the matter of carbuncle, completely deprived this latter of its power of producing the disease by inoculation, as was clearly shown by some of the *same* matter, unmixed with chloride of soda, communicating the disease. In the 18th volume of the "Journal des Progrés," p. 202, experiments are related which make it probable that chloride of soda (or lime) destroys the contagion of plague, existing likewise in the *fluid* form. Shirts covered with the sanies of this disease, precisely, indeed, as left by those who had died in them, after being soaked in a solution of chloride of soda, were worn with impunity.

From what has just been said, it appears to be rendered sufficiently probable that chlorine, in combination with an alkali or an alkaline earth (lime), can destroy the contagious principle existing in a *fluid* form in four different diseases, viz., in cow-pox, itch, carbuncle, and plague. This consideration is almost of itself sufficient to show that it can destroy the contagious principle in all other diseases; since we are to remember all the above are essentially different in their nature, at least sufficiently so to give the highest degree of probability to our argument. Moreover, the chlorides have, as Thenard observes, the singular property of remaining for some time in the pores of the skin, even after ablution with water. This property alone is almost sufficient to give them the preference as preservatives against the diseases in question, since it is the one essentially wanted, and one that does not appear to belong to mercury in the state of corrosive sublimate, and certainly not to the oxide as used by Dr. Harrison.†

* Rev. Medicale, 1823, p. 470.

† Hence, as every preparation will tend to be removed and diluted, it does not follow that because oxide of mercury and mucilage mixed with venereal pus prevented the bad effects of this latter on *inoculation*, it should be equally serviceable in preventing the action of the poison when it is applied in the usual way. Friction, too, most powerfully aids absorption. Accordingly, in our experiments related in the text, we thought it better to apply the mixture by friction rather than inoculation, though, *perhaps*, the chances of absorption by inoculation may be greater.

Chloride of lime, then, or chloride of soda, is a chemical agent which may be represented as a preservative against the contagion (which likewise exists in the fluid state) of venereal diseases. So convinced was the author, partly from some of the above considerations, and partly from experiments with chloride of lime on gonorrhœal matter, that such matter, when mixed with chloride of lime, would be inert, that while at Naples, a few seasons ago, he endeavoured, but ineffectually, to produce syphilis or gonorrhœa by rubbing such mixture on the mucous surfaces of the penis, or introducing some at the extremity of the urethra. In the former case it was allowed to remain there for nearly an hour; in the latter, for more than half a minute. The proportions used in both cases were about equal bulks of chloride of lime reduced to the consistence of mucilage by admixture with water and gonorrhœal pus. The chloride of lime used was not very strong; but the climate of Naples appears to be favourable to the progress of venereal diseases, at all events they there assume a very malignant character. These circumstances merit consideration, since only the above experiment was made, which, *by itself*, is certainly insufficient to establish a general principle, However, on the author's arrival at Florence (where works on science exist in far greater number than at Naples) he found that he had been anticipated in the present inquiry, and that there was no necessity to proceed further with experiments that were at once hazardous and disagreeable. In looking over the "Journal des Progrés," it appeared, in the volume for 1829 (vol. 13), that Dr. Coster had tried the effects both of chloride of soda* and chloride of lime with perfect success in a variety of different cases. This physician conceives it established that if injections of chloride of soda or chloride of lime are first used by a female, the congress of a male with either chancres or

* The chloride of lime is a cheaper preparation, nevertheless, the solution of chlorine, holding in solution a grain of corrosive sublimate in every pint of liquor, has, for men (for it should not be used by females), some advantages. I should altogether prefer this as a preventive. If chloride of soda be used, corrosive sublimate cannot be

gonorrhœa can do her no injury. He adds that he has likewise made a number of experiments which evince that a man may inoculate himself with the matter either of chancres or clap without the slightest injury, if such inoculation be followed by the *immediate* application of either of the above chlorides to the parts. He also says, that the same remark applies equally to hydrophobia or the bites of serpents. The bad effects of both these poisons were prevented by the immediate application of the chlorides. So that, at present, the power of chlorine in destroying contagion existing in a *liquid* form seems tolerably well established for *all* cases in which it has been tried, and rests, perhaps, on better evidence than the power of the same agent in destroying poison existing in the atmosphere—contagion in a *gaseous* state.

Dr. Coster communicated the experiments just mentioned to the Royal Academy of Medicine at Paris, and at the same time recommended that a solution of chloride of lime should be supplied by Government to all the public women at Paris, and a notice affixed in their chambers recommending the use of it. In the "Revue Medicale" for 1835, Dr. Coster complains that the Academy of Medicine had not yet passed any judgment on his suggestion. The cause of this delay it seems difficult to assign; since in the same volume of the Review just mentioned the Academy gave an opinion that two anti-syphilitic lotions which had *recently* been proposed were useless. Yet M. Coster's suggestion must have been forwarded to them in 1829, or very soon afterwards, yet the proposition is one of the most useful description for the purpose designed. The little attention that, either in France or Great Britain, M. Coster's experiments have hitherto called forth, may explain why the author of the present essay has only so recently met with them.

From the above facts it seems sufficiently obvious that chloride of lime destroys the *contagious* properties of venereal pus. That it alters the *chemical* properties is equally obvious from the following experiments:—When solution of chloride of lime was poured on a drop of the matter in a watch-glass, the matter was rendered more tenacious (the reverse of what happened, as we have seen, with corrosive sublimate), and its colour changed to a light-brown. When, however, perfectly transparent solutions of chloride of lime and gonorrhœal matter dissolved in water were mixed, a precipitation in two experiments seemed to fall; but it was certainly long in appearing and might, *in part*, be ascribed to the gradual deposition of lime. The precipitation, on the addition of corrosive sublimate, was long in forming, and also slight, as already observed.

We shall conclude these observations with remarking that nitric acid also produced a feeble precipitate from clear solutions of gonorrhœal pus. Hence it appears to contain albumen; a conclusion which is farther supported by its being *slowly* almost entirely soluble in water, and by its being *slightly* alkaline. This alkali, as was to be expected, became increased the longer pus was kept.

We have observed that the pus in question was gradually almost entirely soluble in water. This is probably the case to a still greater extent with the vaccine fluid, the fluid of the itch, and the pus of small-pox; and if it applies to all other contagious diseases where specific fluids are secreted, as seems probable, then one distinctive mark of such fluids from the pus of ulcers will be their increased solubility. Indeed, it must necessarily follow that the contagious principle, wherever existing, is always more or less soluble. In those contagious diseases that may be communicated by respiration it is probably in the highest degree soluble. Judging in this way, the poison of syphilis is not near so soluble as that of small-pox, or certainly not so volatile—fortunate circumstance for the human race.

Having already alluded to one peculiar property of chloride of lime (viz., its attraction, so to speak, for the skin and membranes) which gives it so decided an advantage over the preparations of mercury as a preservative against syphilis and gonorrhœa. It now remains to allude to other properties which give it a like superiority. One of these properties is, the capability of being used in by far larger proportions than the mercurial salts, without either local injury or injury to the constitution. The way, indeed, to use the chloride of lime (which should always be kept in the dark) is to shake some of it, finely powdered, with water, in a very-tightly stoppered glass bottle* until it is of about the consistence of thin mucilage. At first, some more water should be added to this, and then the mucous surfaces that are liable to exposure should be immersed in it for a moment or two, to learn of what strength it can be borne, thus at first using it very weak and

added, as the mercury is precipitated. Chloride of soda is, however, preferable to chloride of lime. In all cases the solutions should be diluted with two or three parts of water at first. It is better to keep a part for some little time in a weak solution than for a moment only in a stronger one, even if the latter produced no inflammation at all.

* This bottle should also be tied over with leather. Even then the chlorine is apt gradually to escape and corrode the leather. It is to be remembered that chloride of lime corrodes all kinds of linen if not washed off very soon.

gradually increasing its strength. When used too strong it produces a degree of smarting, which, however, soon spontaneously subsides if the solution be washed off. A somewhat stronger solution can be borne in a state of collapse of the membrane, but, at first, the clear transparent solution only of the mixture (so to speak), diluted with twice its bulk of water* should be used. The second or third time the stoppered bottle may be slightly shaken, so that a small portion of the white powder that always subsides be mixed with the fluid; the quantity of this may be gradually increased, according to the strength of the chloride of lime, for this, as purchased at different shops, varies very much in strength. It should always be tried at every fresh purchase; and the quantity used never be greater than can be borne without the least uneasiness. It is probable, from what M. Coster says, that if used immediately after connection, any contagion that may have been applied would be destroyed, that is to say, if the part be kept immersed in the solution for ten minutes. Without these precautions are *strictly* attended to, the mere *after* use of chlorine is insufficient to secure from disease; since we know a case where the disease was communicated to a person who used the chloride indeed, but did not use it until a quarter of an hour or twenty minutes after. It is safest, however, to use it both before and after; indeed, the clear solution alone will always be sufficiently strong at the former occasion, and even this may be diluted with water then.

One quality of the chloride in question is that it may be kept for some time in the mouth, as its taste is not insufferably nauseous.

An author in the "Dictionaire des Sciences Medicales" thinks that the saliva or moisture of the lips is contagious in secondary symptoms, and it probably is where ulcers secreting pus exist in the mouth or fauces.

Mr. Lawrence some time ago published a few cases, or related them in his lectures (see LANCET), where a person with secondary symptoms, but apparently without ulcerations in any part, communicated syphilis. Mr. Lawrence seems to think that in these cases the poison was introduced by the semen. It appears, however, not impossible that in such cases some ulcers unobserved might have existed in the fauces; or, as frequently happens on such points, that the patients gave false statements. Until many more cases of such a description are brought forward, it seems better in all respects to attempt to account for the origin of the disease on known principles (of which the deception of human nature in such emergencies is one) than to astonish by resorting to an hypothesis, not, indeed, impossible, but somewhat improbable. Mr. Hey, it will be remembered, some time ago adduced cases of a somewhat similar description, which, however, seem not to have inclined the generality of medical men to deviate from Hunter's opinion, viz., that venereal diseases are communicated only by the direct contact of pus.

Preventives considered in a Moral Point of View.

If the opinions of Messrs. Hey and Lawrence should eventually be established beyond doubt, the great utility—I here use that word in its most extended sense—of chloride of lime as a preventive against syphilis, will only become more apparent; since the female, equally with the male, can guard herself and her offspring, from a terrible disease.* She is too often the innocent sufferer. The present suggestion gives her the power of opposing the contagion. In this respect it will bear examination even on the ground of the most rigid morality. I allude not now to prostitution, or promiscuous intercourse. There are numbers whom the purest bonds have united. How many men who have contracted syphilis but a year or two previous to marriage, consider themselves to be free from the cursed malady, and are deceived! I know not, in some cases, which most deserve commiseration, those who unconsciously impart, or those who as unconsciously suffer the bitter result. But let us take less pitiable cases, which every day present themselves. Among the married to what numbers is conjugal fidelity an empty sound! It is in vain that we would try to conceal the lamentable fact. Women themselves know that they are every day exposed to the chances of infection from their husbands' infidelity. Even if the husband have sufficient decency to live separate during his illness, the other party ought to use some precautions against infection, for a week or two after his reputed cure, or perhaps longer. At all events, women so circumstanced will be amply justified in adopting every means of protection.

Some of the most distinguished practitioners of France, as Richerand, Portal, and

* The clear solution is sometimes more pungent than the same mixed with the sediment. This depends, probably, on the undissolved portion containing lime in excess. This lime will, consequently, when shaken up in the clear solution, tend to neutralise it in some degree. The *smell* is (to persons ignorant of chemistry) always the criterion of the strength of the mixture; and when water has been poured on the chloride until it ceases to imbibe or receive any odour, the white powder may always be thrown away as useless.

* There is little doubt that even if contagion be communicable by the semen, injection of chloride of lime practised soon enough would destroy it.

Alibert, have supposed that scrofula itself is the consequence of a degeneration of the syphilitic poison,—scrofula, which makes more ravages among the bones than any other disease which affects mankind,—scrofula which causes the deformity of half the wretched cripples whom we everywhere see around us. A man, then, who has suffered severely from syphilis, if he does not actually, after his reputed cure, communicate the disease, will still, if the opinions of these distinguished men be correct (which it is to be hoped is not the case), be liable from the self-same cause to transmit one of the most loathsome and untreatable of all hereditary diseases to his offspring.

It is obvious, then, that if public men were inclined to propose any legal measures for annihilating syphilis, their conduct might be justified on the principle that the innocent suffer from its ravages promiscuously with the guilty. It is, moreover, to be remembered that the diseases in question are in a marked degree common among all ranks and conditions of the army and navy; so that, corroding, as they do, the strength and vigour of the constitution, they may justly be said to weaken the national bulwarks of defence. On these grounds alone (not to allude to others) its extermination appears to the author to be one of the greatest blessings that could happen to the human race. The prevention of small-pox by vaccination was a glorious triumph of the medical art. But it is not now agitated about a disease which rapidly runs its course, and either quickly destroys, and chiefly in the merest infancy, or quickly subsides. It is not now agitated about a disease which affects but the present generation, and disfigures but the skin. It is agitated about a disease which never seizes its victim until the prime of youth or manhood, which conceals itself with such a serpent-like subtlety, and remains so long concealed that those who know it best know not when it is destroyed. It is agitated about a disease which extends its existence from the present to the future, and in affecting the parent often affects the offspring. It is agitated about a disease which disfigures the countenance, not merely by affecting the skin, but by corroding and destroying the very bones themselves. Such are the arguments which the advocates for the extermination of syphilitic diseases may use. Let us be impartial. Let us consider the opposite side of the question.

But in proportion, exclaim our opponents, as the fear of such diseases is diminished will the number of marriages decrease. Not exactly so, we reply. Passion, and the desire to have one object on which to concentrate the affections, will still operate, and always secure an immense number of marriages, even if the diseases in question were completely exterminated. Nay, we may almost doubt whether the number of marriages would be in scarcely an appreciable manner diminished. But this question can only be certainly decided by experiment; and we must leave it undecided until some measures have been taken by which data on which to reason have been afforded. Let us rest assured that although the strictest legal measures were in force to annihilate the diseases in question, it would still be doubtful if such measures could be *altogether* successful. Some sexual disease or other (the consequence of inconstancy) would probably still remain, although in a very mitigated form; and this would still exhort to marriage, if syphilitic diseases do at present, in a less degree, indeed, but no doubt sufficiently.

A stronger objection to the adoption of *public* measures for the extermination of the present diseases, is, perhaps, the supposed indelicacy of the subject. But there are modes of preventing publicity. Language may, in a measure, be made to disguise what is offensive in nature. At all events, such objection is, comparatively speaking, of little force,—a shadow compared with a substance. What is public decency to public health? Like Crates and Diogenes, let us admit that even in modesty itself there may be something shameful.

Let us consider another objection. M. Parent Duchatelet some time ago published a work in two volumes "On Prostitution in the City of Paris." He says, in volume the second (p. 527), when considering the subject of preventives in a moral point of view, "it is for want of reflection that respectable men have confounded in the same category preservative measures against syphilis, and the attention (paid in France) toward keeping the common women free from the disease." But the difference (he continues) in these cases is, that while in the former we sin against morals by holding out an additional inducement to illicit intercourse, we do not do so in the latter, by enforcing the examination of the health of public women. This argument, when deeply examined, seems more specious than just. M. Duchatelet appears to have fallen into error on this subject, by only considering the cure or good health of prostitutes with reference to *themselves*. He seems to forget that in keeping them as free from disease as possible by medical inspection, we are holding out greater inducement on the part of men to illicit intercourse. Not so much, indeed, as by enforcing the use of direct preventive measures, in addition; only because under such circumstances prostitutes in France would be more free from venereal diseases even than they are at present. The cases, therefore, under examination seem to differ rather in degree than in kind. M. Duchatelet, as we have said, has looked at the subject only with reference to the suffering women themselves. As afflicted persons, he justly considers

them to be worthy of medical aid, or, at all events, entitled to it. He would have us cure them as soon as possible; he forgets the effect of this care about their health on mankind—his countrymen. He forgets that this excessive solicitude itself acts very much like a preventive, and diminishes the fears of men on the score of disease; and it seems very doubtful whether those who instituted such examinations did not look on the subject in a somewhat different light from what M. Duchatelet appears to do. *He* only thinks about curing the wretched women; *they* probably thought about preventing the disease in men who could not or would not wive. Now, we agree with M. Duchatelet that these women are placed in a wretched position, and entitled to medical aid, and therefore should be inclined to give it still more efficiently than M. Duchatelet seems to wish to do. Does not M. Duchatelet see—or did he not see, for he is now no more—that the benefit of the present suggestions are confined principally to the men? *They tend to prevent the disease in men rather than in women.* Now, we conceive, on every principle of justice, that women are entitled to the same advantage; for it must be obvious to the most superficial thinkers that many prostitutes from necessity are worthy of all commiseration; and even those persons (if there be any) who are not of this opinion, may still coincide with the utility of *preventing* the disease *in women*, because by this means we are tending most effectually to prevent it *in men*.

But let it not be inferred from this review of M. Duchatelet's opinions that we look on preventive measures by lotion *precisely* in the same light as we do the examination of these public women. No. Having, as we conceive, shown the fallacy of his theories on this subject, it becomes us, who profess to regard both sides of the question with impartiality, to say that we conceive there is a slight difference in these cases, but a difference rather in degree than in kind. The true way of regarding the public recommendation by a government of lotions, is to consider such a measure offending public decency still more decidedly and openly than the mere enforcing the regular examination of prostitutes. This must always be, to a greater or a less degree, the real objection to legislative interference, and we readily grant that until perfectly sure that the disease cannot be annihilated without the assistance of law, law should not be resorted to. Law in this case, as well as in all others, is to be looked upon as a necessary evil, and the oftener it can be dispensed with the better.

Keeping this principle in view, we should be inclined to say to legislators, with reference to the present subject, If you will not assist, do not oppose us; if you will not reward, do not persecute. Show at least by your neglect, if not by your attention, that you deem not objects of the present description as deserving of censure. In observing silence give the world at least to understand that you are willing *indirectly* to sanction every effort to preserve the public health.

SINGULAR PHENOMENON.
THE HYDROSTATIC TEST.

A WOMAN was confined in the Hôpital Necker, Paris, of a female child, and died in a few days afterwards of phthisis. The child was small and weak; the pulse was imperceptible in either the radial or brachial arteries, and the beatings of the heart were inaudible. Respiration partook of the langour which characterised the other functions of the organism; there were no more than twenty-eight inspirations per minute, unaccompanied by any very decided heaving or falling of the abdomen, and expiration yielded no audible sound. Yet, on auscultation, a distinct crepitant râle was heard both before and behind, and at the base or summit of the chest. The child progressively sank, and died in eighteen hours.

On examination the digestive organs were found to be healthy, and the large intestine contained a quantity of meconium; the thymus body was small; the ducti arteriosus and venosus, and the inter-auricular foramen remained open. The lungs presented singular appearances. Far from occupying their assigned space in the thorax, they were small, and confined to the posterior part of the chest, and when removed from the thoracic cavity, together with the heart, and plunged into water, *the whole immediately sank to the bottom.* The lungs were of the colour of port-wine lees, being hepatised, except in a few places, where their cellular structure was more apparent. Cutting into the lung conveyed to the operator a sensation like that of cutting through liver, and no blood, fluid, or froth escaped. One lobe, cut through in many places and immersed under water, gave egress to only five or six small bubbles of air; and another lobe, artificially inflated, suffered itself, indeed, to be penetrated by air, exhibiting then a curiously mottled aspect and a rosy tinge. But these effects were merely temporary, for on removing the bellows the lung soon returned to its previous condition, and *sank in water as it had done before.*

"It is evident, then (says the reporter of the case), that lungs which have breathed may present all the characters of those which have not. This infant had lived and breathed for eighteen hours; its respiration was perfect, though languid; I had heard the respiratory sound while yet the lungs were closely condensed in the vicinity of

the spinal column, and their colour, weight, absence of congestion, crepitation, and sinking in water, would (in the absence of positive proof to the contrary) have been conclusive that air had never penetrated them. Nay, more, I had artificially inflated these lungs, yet their previous condition and tendency to sink in water had again become present. I leave it to others to find an explanation."

*** The above statements are put forword in a number of the "Gazette des Hôpitaux" in a manner which seems designed to give them the aspect of authenticity. If they be facts, the presumed infallibility of the hydrostatic test is considerably affected by them.

THE ATTEMPTS TO CURE EVERYTHING WITH WATER.

The system of hydropathy consists in inundating the stomach with draughts of cold water, in deluging the surface of the body with douches and baths of the same element, and in wrapping the patient in wet sheets or blankets, so as to induce profuse perspiration. It involves, therefore, *three* most powerful agents.

Now one of these may be very suitable to, and useful in, a certain *set* of ailments, but that *all* of them should be useful in any given ailment is improbable, *à priori*. And may I be allowed to ask whether a Louis has been found amongst our advertising hydropathists to submit this complicated question to the rigid scrutiny of careful observation? Or is there a Currie amongst them? How sickening, then, is it to see the love of filthy lucre taking the place of honourable principles in our noble profession!

Who has taken the pains first, to determine the disease, the constitution of the patient, the stage and complications of the former, the precise conditions of the latter, and then to ascertain to which precise case one or other of the three powerful agents which I have enumerated may be proper, may be *safe*?

Who shall say that by the empirical use of hydropathy rheumatism may not be driven to the heart, and other diseases, external or local in their character, to some internal organ or organs?

It has been said by a severe critic, that there is much difference between a good physician and a bad one, though not very much between a good one and none at all. I am perfectly sure that much difference *will* be found between the rash experiment of hydropathy and the cautious and safe prescription of the wise and prudent physician.

The art of medicine is not so simple a matter as the public, so prone to superstition both in medicine and religion, as it always is, is apt to imagine. To know the disease is said to be half its cure. But where is the accurate, the pains-taking *diagnosis* amongst the hydropathists? Next to the knowledge of a disease is the just and skilful application of appropriate remedies. But where will you find all this amongst these people of a system—these people of one idea? It is, in fact, sheer imposture in one party and delusion in the others. When will the public cease from these superstitions and contemplate the science of medicine—the science of the human frame, its structure, its functions, its maladies, and their remedies, on principles of common sense?

Have not *all systems* been proved to be fallacies hitherto? I mean all the systems of quackery and delusion—the systems of the St. John Longs, the Morisons, the homœopathists, the mesmerists; and will not the experience of to morrow be the same as the experience of to-day?

If the three remedies to which I allude possess the power that I have mentioned, let their efficacy be subjected to a safe and discreet trial by honourable physicians, singly, and in reference to cases the nature of which has been accurately determined. But let the vague mode of applying all these remedies to all diseases be scouted, as both contrary to common sense and common safety.

Let the public know that the diagnosis of a disease is sometimes a matter of extreme difficulty, and that to prescribe without an accurate diagnosis is an act of dishonesty. Let the public view this matter aright, and then will our profession cease to be degraded by the continual advertisements of these hydropathic institutions and their doctors.

There has not been *time* for the investigation to which I have alluded. And yet these hydropathic institutions are advertised as being in "full operation!" I am, Sir, your obedient servant,

CENSOR.

June 1, 1843.

STABS.

The danger in these is that of hæmorrhage, deep inflammation, swelling, tension under the fasciæ. Even if an artery should not be opened, extensive extravasation may occur. Hence the use of the sucker. Clear the wound of blood. So lay a compress as to keep the sides together. Assist with the roller, and apply the cold spirituous lotion. But the bandage will do harm if inflammatory tension of the limb come on, and swelling of the parts under the fascia may come on, in which case free the fascia, by incisions, as you would release a tight bandage, studying, anatomically, the connections of the fasciæ, that you make no needless incisions. Take care, or deep abscess and carious bone will result.—*Sir Charles Bell.*

TREATMENT BY COLD WATER.

To the Editor of THE LANCET.

SIR,—On Wednesday, May 31st, I was urgently requested to visit a young man who was said to be dying. On my arrival I saw a person in bed, *in articulo mortis*. He expired within a few minutes. Inquiry was immediately made respecting the case, when the following history was given:—

He had lived as an assistant in a linen-draper's establishment in this city during two years, had always been considered an invalid, and was supposed to suffer from asthma. Seven weeks ago he applied to a cold water establishment, when he was told that he could be cured in a month. *The payment required was eight guineas.* His delight at the prospect of cure, after such long suffering, was great, and he entered on the treatment with alacrity. My informant, who was one of his fellow-assistants, says that he used the sitting baths of cold water, and on leaving them was immediately placed by a large fire. He had bandages, wetted with cold water, placed around the abdomen, and he once drank, in one day, before one o'clock, p.m., thirteen half-pints of cold water, but the usual average was eight or nine half-pints daily. He regularly attended the establishment during one month, at the end of which time he became so much worse that he applied to Dr. Morgan, of this city, for advice, and Dr. M. has been kind enough to give me the following report:—

"I saw L. two or three days after he had discontinued the use of the cold water treatment. His appearance was almost sufficient to indicate the nature of his disease. He had short and laboured breathing and constant cough; he was extremely emaciated, and had quick pulse; the tongue and mouth were aphthous, and in some places quite denuded. There was also diarrhœa, &c. Auscultation disclosed dulness over the right side of the chest, with crepitation in some parts. On the left side was detected a cavity in the apex of the lung, but dry. A second examination, in a few days, disclosed the cavity partially filled with fluid, distinct gargouillement being heard. The treatment need hardly be named, as it was only palliative, but the nature of his case was made known to him."

He died in three weeks from the time he was first seen by Dr. Morgan, and the following appearances were disclosed at the *post-mortem* examination:—"The lungs of the right side of the chest, with the exception of a small portion inferiorly, were studded with tubercles of various sizes, and in various stages of suppuration. There were slight adhesions of the pleura. In the apex of the left lung was a large, irregular cavity, containing matter, which had burst into the left bronchus, thus causing death suddenly. The pleura was firmly adherent throughout the left side."

Two questions present themselves in this case,—Was this man's disease recognised by the medical attendant of the establishment before submitting him to the treatment by cold water? Are all patients who present themselves submitted, indiscriminately, to the treatment by cold water? I am, Sir, your obedient servant,

E. HUNT.

Rivers'-street, Bath, June 8, 1843.

TRANSMISSION OF CUTANEOUS DISEASE FROM ANIMALS TO MAN.

IN addition to the instances of communication of diseases from animals to the human frame, such as of cow-pox, glanders, hydrophobia, &c., with which our readers are already familiar, we may mention the following case of tetter, cited in a late number of "L'Experience." A boy, ætat. 11, employed on a farm, exhibited symptoms of an herpetic affection on the face, back, hands, and other parts of his body, which presented a striking resemblance to *eczema* (*herpes furfuraceus circinnatus* of Alibert). This malady the patient at once ascribed to contagion from a calf, on which he had been called to attend in the farm stables. The boy, however, was not the only one affected; his father and brothers were similarly attacked, and even a young infant in the same family did not escape the contagion: in fact, the disease spread quite as rapidly and generally as the itch spreads when it once enters a family circle. The calf, which had infected also the other cattle in its own stable, was afterwards examined, and presented an abundant herpetic eruption, spreading in various directions, from the neck and back, being identical with that exhibited by the boy. It is almost needless to observe, that the cases in the above human subjects speedily yielded to the remedies usual for this disease.

THE sensations experienced on ascending considerable heights, such as mountains 15,000 to 18,000 feet in elevation, appear to follow chiefly on a deficient oxygenation of the blood in respiration. The breathing accelerates, and obliges the traveller to rest frequently; vertigo, and a sense of pressure in the head, drowsiness, great mental depression, accompanied by deep and frequent sighs, great fatigue and weakness, violent headach, and a desire to vomit, are among the principal symptoms which have been experienced by those ascending the Himalaya and the Andes. All these symptoms are fairly traceable to an inadequate amount of oxygen inhaled, in consequence of the great rarefaction of atmosphere.

THE LANCET.

London, Saturday, June 17, 1843.

THE influence of climate, diet, and other physical circumstances in modifying the organisation of man, has long been made a subject of observation by physiologists.

These, however, affect not only the *healthy* functions of the body, but also its *morbid actions*,—both the symptoms of disease and the operation of remedies. Manifold remarks have especially been made relative to their share in producing diseases that are endemic to *particular* countries. Much less attention, however, has been given to a point of still greater moment, namely, the influence of climate, diet, and various physical agencies in modifying diseases which are common to *all* countries. The importance of this inquiry is sufficiently evident from the serious errors into which pathologists have fallen from not keeping it in view.

Take the example of that most frequent and formidable disease, *continued fever*. This malady, as it existed in London a century or more ago, was of an exceedingly low type, and frequently attended with petechiæ, vibices, passive hæmorrhages, and other indications of what has been called a dissolved state of the blood, whence it was commonly termed "putrid fever," and generally believed to consist, peculiarly and essentially, in "a morbid state of the fluids." In the present day such a case is hardly ever seen in London. Even the lighter forms of typhus are extremely rare, and the prevailing type of continued fever is *synochus*. Yet no reasonable doubt can be entertained that the putrid fever of SYDENHAM's days was essentially the same disease with the synochus that is now prevalent.

Again; the enlargement and ulceration of PEYER's and BRUNNER's glands at present so uniformly appear in the bodies of those who have died of continued fever, in *France*, that many able pathologists of that country regard these as the essential features of the disease; but those pathologists would find that in *London* they might dissect hundreds of fever cases without encountering a single instance of the lesion referred to; they would find, moreover, local complications of fever to be more frequent within the cranium than in the abdomen.

Once more. The type of continued fever in *Dublin* and *Glasgow* is at present much more typhoid than in *London*, and more so in Edinburgh now than it was in the same city *some years since*.

It hence becomes obvious that pathological conclusions arrived at from the contemplation of fever in any *one* period or locality, are nearly certain to be premature and erroneous. The influence of climate, diet, habits of life, and endemic and epidemic causes, require to be taken into account, and we must not presume that we have arrived at a satisfactory theory of fever until we have found one resting on facts that have been invariably observed on correct principles.

This truth is strikingly exemplified in the late progress of pathological opinion with respect to continued fever. The hypotheses of CLUTTERBUCK and BROUSSAIS, referring the disease to inflammation of the brain, or the gastro-enteric mucous membrane, have taken unto themselves wings. The more recent *dothenentérite*, although still supported by high authorities, is evidently losing its hold, and judicious pathologists are becoming strongly inclined,—reverting to the old view,—to regard continued fever as the result of some cause acting principally, if not primarily, on *the blood*. Thus, after a century of partial observation, the theory of fever is likely to return to the point at which it set out. Happily, however, in this, as in other instances, observation has not been fruitless, though unsuccessful with reference to its immediate object; for, just as the labours of the alchemists developed the facts of chemistry, although they did not discover the philosopher's stone, so the observations of the morbid anatomists, notwithstanding that they

have not unveiled the essential cause of fever, have made known a variety of local complications on the knowledge of which the successful treatment of the disease in a great measure depends. But if the anatomical inquiries had been prosecuted in a more philosophical manner, we should have had the benefit of the same facts without the encumbrance of the false theories, which never could have been entertained had pathologists been careful to correct their own observations by those of others, made at different periods and places.

The same holds true with all other diseases. Pathological states that are *essentially the same*, vary somewhat in *different times* and *places*, both in the phenomena which they present and the treatment that they require.

For instance; take dyspepsia as it occurs in London and in Paris. In the latter city the disease is particularly liable to be accompanied by chronic gastritis, which is probably owing to the large consumption of ascescent wines and coffee, both of which have a great tendency to irritate the gastro-enteric mucous membrane. This has possessed the Broussaian school with the notion that there is no such thing as dyspepsia apart from chronic gastritis; and the adoption of this erroneous notion has done more harm in England than in France; for, in the latter country, chronic gastritis is frequently a prominent feature in the state that is called "dyspepsia," which is not the case in England, although it sometimes occurs there; and hence young gentlemen, fresh from Paris, often prescribe for their English patients leeches to the epigastrium, and abstinence from animal food, where a nutritious diet, tonics, and country air, would be much more to the purpose.

If physical causes occasion diversities in the type of *disease*, it may readily be conceived that they exert no less influence on the operation of *remedies*. It is usual to talk of "the fashion of medicine;" and, doubtless, our art, like other sublunary things, is swayed by caprice and the love of novelty; but a change of views with respect to the applicability of certain remedies may be traced to a deeper source, namely, *an actual change in the type of disease*, and a consequent variety in the relation of therapeutic agents to morbid states, which, although nominally, are not actually, the same. Thus when, for a series of years, diseases in general have maintained a sthenic character, blood-letting comes into vogue; but let a low type of disease become prevalent, and the lancet gets into disgrace, and experienced gentlemen shake their heads, and say that "men grow wiser as they grow older." In like manner, if an irritable state of the gastro-enteric mucous membrane happen to be frequent, purgatives fall into disrepute, but recover their reputation when the intestinal tube becomes less susceptible of impressions.

Thus, in occasionally drawing attention to the improvements which it is necessary to make in medical practice, as time rolls on and knowledge advances, we would urge on the community of medicine the importance of giving attention, amongst other things, to the influence of external agents on morbid actions and the operation of *remedies*. The attainment of a perfect knowledge on this subject is extremely difficult, and can be hoped for only in the most enlightened state of the profession throughout the world. Meanwhile, much may be accomplished by diligent comparisons of medical experience among different nations. Military and naval surgeons, in particular, have great opportunities of promoting the object in question, after witnessing the aspects of disease in the various climates that they visit, and the diversified circumstances which attend the periods of their observation.

We have frequently of late furnished to our readers statistical reports tending to establish the relative frequency of various diseases, the periods of life at which they principally arise, and the various circumstances which have given origin to their occurrence. Among others were statistics of phthisis

carcinoma, amputations, fractures, tænia, &c., chiefly derived from foreign medical journals, but occasionally from the pages of English contemporaries.

On the value of statistics in nearly every branch of science we need not here again enlarge. Many times already we have urged that their value in medicine is paramount. In the canvassing of matters, indeed, where effect follows cause with a certainty that enables the former absolutely to be predicted, or where, in fact, the causes of effects are not occult,—as in mathematical or musical science, for instance, where the art and its principles have been perfected and made certain,—statistics are altogether superfluous. But in medicine, in which so much yet remains to be discovered, and when we can neither predict the positive occurrence or re-occurrence of a given disease, on the presence of an apparent cause, nor, in every case, a given result from the operation of a given remedy, the utility of statistical research is obvious, whether to indicate our remedies, or for the mere fulfilment of the dogma sung by VIRGIL, "Felix qui potuit rerum cognoscere causas." In this opinion we are at issue with a writer who has "no "expectation that the period will ever ar- "rive when the art of therapeutics shall "repose upon the foundation of numerical "evidence."* On whatever principles the remedial art is based, it is to that very "rigid "numerical evidence on the efficacy of medi- "cines" which Dr. COWAN says is so difficult to attain, that we really must hereafter look in searching after a guide to sound practice, and for the correcting mistakes which have been made respecting the action of medicinal agents, and their influence over disease. True, it is that "error may be propagated "as well by figures as by the least precise "and most general assertions," and that liabilities to error in statistics are "so great "that he who despises the chapter of gene- "ral experience, and refuses to be guided "by all that is not arithmetically proved, is "at once contracting his usefulness and en- "suring disappointment." But the salutary use of anything must not be burdened with the unwholesome effects of its abuse. The faults which attend incorrect figures by no means invalidate the use of those which are correct. Although statistics, like mathematics, are not the net in which PSYCHE shall be caught, nor the chain in which PROTEUS can be fettered, yet minds that are capable of vigilantly pondering over, and acute enough to draw due inferences from, statistical results, narrowly scanning the sources of such results, and the relative dependence to be placed on them, will be enabled by their means to register fixed truths, and furnish contributions to medicine, that will effect more for that science than theories born of any but the most sound deductions.

We are glad to recal attention to the judicious directions lately issued by the Registrar-General to the medical men of the country at large, announced in THE LANCET, at page 236. Those which relate to returns of the causes of death, and the duration of fatal diseases, occurring in private practice, were doubtless suggested by that most active and able statist, Mr. FARR, for the improvement of vital statistics, and their better adaptation to medical science; and the suggestions are entitled to our unqualified praise and acknowledgements. If the medical practitioners to whom they were addressed heartily co-operate with this endeavour to secure a well-ordered account of the deaths and fatal diseases that come under their notice, an amazing amount of valuable matter would be obtained. Could they, without stopping short at fatal diseases, find time and energy to register daily, after an uniform method, the circumstances of all the cases that they attend, ten years of observation throughout the whole country would furnish a reward not only to the public, but to themselves, almost beyond calculation valuable. We recently supplied, at page 347, from the pen of Mr. MACILWAIN, an excellent model of a table for use in the process of such registration. If medical men attended, watched, and treated no more cases than could be satisfactorily diagnosed and prescribed for, and were amply remunerated for that number, nothing could be effected more easily and satisfactorily. But to take things as they are,—

"All may not," as Dr. COWAN observes, "have either the time or the courage that is "necessary for statistical analysis, but each "would reap much practical convenience "from the daily registration of cases, and "be collecting materials which the diligence

* Prov. Journal, May 6, 1843, p. 108.

"of others might afterwards explore and "fructify."—"Were sound practical men, "instead of descending in silence to the "tomb, to leave behind them the details of "the forms of remedies on which they have "principally relied, and a brief reference "to the diseases most benefited by their "use, more good would result to the healing "art than by any other method we are "aware of; and the conclusions deducible "from such extensive and concurrent testi- "mony would be practically sounder and "more worthy of confidence than those "arrived at by the solitary efforts of even "the most gifted and accurate observers;" admissions, by-the-by, which overturn the objections raised in the same breath by the writer against numerical evidence.

To illustrate further these views on the subject of statistics, let us refer to one department, perhaps the least difficult to grapple with. At page 537 of the last volume of THE LANCET is a list of two thousand two hundred and fifty midwifery cases, with their general results, supplied by Mr. HUNTER, of Margate, with the most useful and meritorious object. Here is an instance on a small scale. One on a large and most copious scheme is at present before us in manuscript, namely, a table of about eighty thousand midwifery cases, attended during a quarter of a century by the midwives of the Royal Maternity Charity, compiled under the direction of Dr. JOHN H. DAVIS, of Russell-place, the results of which are calculated to afford tolerably certain averages of the relative frequency of abnormal events in parturition. These tables which will probably hereafter be made public, are among the most complete of any that are known to exist either here or on the continent. They take account, first, of the number of cases attended in each year, from 1818 to 1842, inclusive; second, of the numbers of natural and other presentations, specifying the kinds of the latter; third, of the sex of the child, whether living or still-born; fourth, of the proportions of single, double, or multiple births to the whole; fifth, of the occurrence of monsters, hæmorrhage, puerperal fever, convulsions, inflammation and rupture of the uterus, demand for instruments, and other accidents of the puerperal state; and sixth, the results of the cases both to mothers and children. In proportion as such a table on this scale is useful, so tables formed on an uniform plan, carefully registering the cases, throughout the kingdom, assembled, compared, and subjected to deductions, relative to the progress and termination of fevers, fractures, and other injuries and diseases, would advantageously be constructed, and all being the work of a multitude of individuals, would be comparatively free from fallacy. For, although the aptitude of the contributors for statistical registration might be very unequal, tables formed upon the experience of such a host of observers as the medical men of the country at large, would, by reason of their extent, present in the total but minor aberrations from the truth,—aberrations so little capable of affecting the general averages that, with reference to them, the declarations would be without weight that "error may be propagated by figures," and that the "value of observation "is derived rather from the observer than "from the method employed."

STATISTICS OF ANAL FISTULA.

DURING the five years from 1836 to 1840 inclusive, 119 patients were operated on at the Hôtel Dieu, Paris, for fistula in ano. Of these persons 110 left the hospital cured, and 9 (or 1 in 12) died. The mortality from the operation was progressively less in proportion from the first to the last-mentioned year. Of the 119 individuals operated on, 32 were of ages between 15 and 25 (4 only being under 20 years of age), 55 from 25 to 40, and 32 between 40 and 60 years old (only 3 being more than 51 years old). Only 12 of the whole 119 were females. Sedentary occupations, and whatever is productive of habitual constipation, have been considered fruitful causes of fistula; but the evidence elicited from the individuals suffering from the disease was by no means corroborative of such statements. The patients included indifferently sawyers, carpenters, masons, bakers, porters, and other persons accustomed to perpetual exercise, as well as tailors, bootmakers, cutlers, cabinet-makers, and others employed in sedentary pursuits. Some connection of fistula with a tuberculous diathesis seemed, however, seemed to be apparent.—*Gazette Medicale de Paris.*

FATAL RUPTURE OF THE TRACHEA.—An infant affected with bronchitis threw its head violently backwards during a fit of coughing. On a sudden, emphysema was seen to extend rapidly through all the subcutaneous tissue in the neck, face, and a larg part of the chest; and the child soon died. On opening the body a rupture was obvious in the first inter-cartilaginous space of the trachea, extending transversely for 4-fifths of an inch, and which was doubtless caused at the instant above indicated. No other lesion capable of producing death was discoverable. —*Schmidt's Jahrb.*

MEDICO-BOTANICAL SOCIETY.

June 8, 1843.

Dr. Sigmond in the chair.

A communication by Dr. Houlton "on roots and leaves," in continuation of his paper "on the preservation of roots," read at a previous meeting, was made. Dr. Houlton observes that on further consideration he is of opinion that all true roots of herbaceous plants should bo dried in their entire state, and that probably bulbs and cormi may be dried in the same way if the rudiments of the new plants with which they are furnished be first removed. When roots are thus dried, their juices are not exposed to the action of the atmosphere, which is the case when they are previously sliced; and for a similar reason Dr. Houlton employs the carefully-dried and pulverised medicinal leaf in preference to the extract prepared from it. The leaves should be kept in a well-stoppered bottle, and secluded from the light, and only powdered in small quantities at a time, according to the consumption of the practice.

A paper by Professor Tenore, of Naples, on the Candidea, a new genus in the natural order Tynantheraceæ, was then read. The Candidea, named after a celebrated Neapolitan naturalist, is a perennial herbaceous plant; the root consists of a fasciculus of fibriform tubers, the stem is cylindrical, ramose, and in the form of a cyme; the leaves are alternate, and spirally arranged, dentate, lanceolate, and rugose; the inflorescence is disposed in corymbs. It flowers in October; the seeds mature slowly. The plant is a native of Senegal.

NEW REMEDIES FOR EPILEPSY.

The multitude of remedies for a disease is generally in direct proportion as its pathology is obscure. Epilepsy is a good mark for the pellets of nostrum-mongers. Nitrate of silver, sulphate, ammoniaret of copper, and other strong metallic tonics, have been the favourite kind of remedies employed against this disease. Some of the French surgeons, however, prefer the sedative plan of treatment. At present M. Recamier advises that a grain of watery extract of opium, four grains of acetate of lead, and eight grains of powdered henbane seeds, should be mixed with syrup so as to make eight pills; dose, one night and morning. Dr Lauret prescribes of extract of stramonium and of extract of belladonna, each fifteen grains; camphor and opium, each seven grains and a half. Mix for a mass, to be divided into pills of one grain and a half each. One is to be taken daily at first, and the number may be increased according to circumstances up to fifteen or twenty in a day.

HERNIA.—OPERATIONS BY THE PATIENT.

The "Prov. Med. Journal" relates the case of a man, forty-five years of age, who had been the subject of congenital hernia, but as this had been always reducible he had never worn a truss. One day, however, after exerting himself in lifting heavy batches of mud, he felt very uneasy, and was unable, as previously, to return the protrusion; it soon became much more painful and very tender, and, repeated attempts on his part failing to reduce it, he made a sudden gash across the neck of the swelling with a razor; a dark-coloured fluid immediately escaped, with so much hæmorrhage as to induce fainting, on partial recovery from which he succeeded in reducing the hernia. On examination, an incision, of about three inches in length, extended across the upper portion of the inguinal canal; all hæmorrhage had ceased, but there still exuded a small quantity of the same dark-coloured fluid; the hernia was reduced, and the finger could be readily passed downwards into the sac, but not so readily upwards into the abdominal cavity. He was in a state of great collapse, with a very small and feeble pulse; warmth and restoratives soon, however, succeeded in bringing on reaction, and no more hæmorrhage occurring, the wound was brought together by suture and adhesive plaster.

For several days he suffered from fever and inflammation (doubtless peritoneal) in the lower part of the abdomen, but by the aid of mercury, carried to the extent of slightly affecting the gums, of saline purgatives, &c., this was kept under, and the man continued convalescent for above a fortnight. At that period, after walking about nearly a whole morning, he felt great pain, of a sharp throbbing character, about the scrotum and hernial sac, extending into the inguinal canal, these parts becoming very much swollen and tender. In spite of active antiphlogistic treatment these symptoms gradually increased until May 9th, when fluctuation being very evident throughout the whole extent of the swelling, an incision was made at the most depending part, and extended upwards into the inguinal canal, laying open the whole extent of the sac, and giving exit to about four ounces of fetid pus; granulations quickly sprang up, filling the whole cavity of the sac and inguinal canal with solid matter. No descent of the hernia has ever since occurred; he wears no kind of support, says he is stronger and better than ever he was, and does not regret the operation he performed for himself, as, indeed, he has luckily little reason to do.

A more curious case is related in Hufeland's Journal:—An aged female had for many years had a crural hernia, which eventually became strangulated. The patient

suffered the intestine to remain in this condition for some days, and then entertained the notion of operating on the tumour herself! She accordingly plunged the point of a pair of scissors several times into it, to the depth of an inch and a half or two inches, apparently under the idea that she should thus give issue to the matter of an abscess. On seeing fæcal matter escape instead from the openings, she became frightened, and sought medical advice. Some time, however, still elapsed before a competent or attentive person was consulted, and when M. Garbe, the surgeon who reports the case, saw the patient, he found the herniary sac in a state of mortification. A portion of epiploon involved was gangrenous, and two folds of the ileum gave egress to fæcal matter by three apertures. However, a distinct line of demarcation between the mortified and the surrounding parts was perceptible, and the edges of the wound exhibited healthy granulations. The mortified structures, which were not painful, were now removed, but no persuasion could induce the patient to undergo a course of medicine; and the topical application of compresses, moistened with camomile infusion, seems to have been all the after-treatment that the wound received. The intestinal matters continued to be discharged through the wound, which soon formed itself into a new anal aperture without surgical assistance. But about three months afterwards this opening began spontaneously to decrease in size, and contemporaneously with a daily diminution of the matters discharged through it, evacuation by the rectum was re-established. The wound healed soon afterwards, a perfect cure having been obtained.

Spontaneous Cure of Ovarian Dropsy.—The following case is recorded by M. Hay, at Altena, in Prussian Westphalia:—A woman, aged forty-eight, who had previously been in perfect health, was the subject for some time of great uneasiness in the hypogastrium, when at length, on the right side of the abdomen, immediately above the ramus of the pubis, there appeared a large tumour, somewhat moveable, and unequally distending the abdominal parietes. The accompanying symptoms were pain in the thighs and the right leg; the lower extremities œdematous; dyspnœa, &c. The clear diagnosis furnished of ovarian dropsy had induced the practitioner to advise the operation of paracentesis, which was on the point of being performed, when a large serous discharge issued from the vagina and lasted about four days, at the close of which time the tumour and all its concomitants disappeared. It should be mentioned that this affection had no influence either in stopping or diminishing the menstrual discharge; only one ovary, therefore, appears to have been affected.—*Medicinische Zeitung.*

THE LAW OF SEVEN.

To the Editor.—Sir: In your widely-read Journal the periodic law of seven in health and disease has been illustrated, both physiologically and pathologically, by Dr. Laycock; by Dr. Robert Williams, on Consumption (Lancet, 21st Jan., 1843); and by "Chirurgus," on Menstruation and Delivery (Lancet, 11th March, 1843), and I, some time ago, observed what may be considered to be another illustration of it, in a paper (by Dr. Stratton) in the "Edinburgh Medical and Surgical Journal" for Jan., 1843, page 112, where the result of several series of observations is to the effect that in health the human pulse is more frequent in the morning than in the evening for six days out of seven, and that on the seventh day it is slower. Verily it seems as if the days of mathematical medicine were about to return. I am, Sir, your constant reader and faithful servant,

Pitcairn Secundus.

Kingston, Upper Canada,
May 21, 1843.

THE SECRET BOTANICAL COLLECTION IN THE BRITISH MUSEUM.

To the Editor.—Sir: I am delighted to see, in your last week's Lancet, your *exposé* of some of the prevalent abuses in the British Museum, an institution which might become, under more spirited and judicious direction, so valuable an aid to scientific medicine. It is quite refreshing to find the public made acquainted with the existence of its splendid Botanical Museum, which, as it is now arranged, might as well be confined in the cellars and packing-cases that contain so much other hidden property. What Mr. Brown and his coadjutor, Mr. Bennett, may think of *getting fat* on the public money when they do so little public good, I know not; but in whatever way the former obtained his appointment (of which I could "a tale unfold"), it is high time that both gentlemen should arouse from their present repose and freely open the library and plants which they have in charge to the eyes of students who are anxious to acquire in the museum the knowledge of botany that is requisite in their profession. The new rooms afford verge enough for the admission of all who desire to become acquainted with the collection; and the committee of trustees will not perform their duty unless they compel the Banksian librarian to admit the public, for the legitimate purposes of study, to use the herbaria that has been for so many years merely useless lumber in the museum. I remain, Sir, your obedient servant,

June 12, 1843. Δ.

SIMPLE DISLOCATION OF THE CARPUS, BACKWARDS.

To the Editor of THE LANCET.

SIR,—I beg to forward for your valuable Journal the subjoined case. From the circumstance of the patient having been presented to me a few minutes after the occurrence of the accident, hence swelling, &c. being absent, I had a most favourable opportunity of ascertaining, without doubt, the nature of an injury the existence of which has been so much disputed. I am, Sir, your obedient servant,

CHAS. EDWARDS, A.B., M.R.C.S.L.
Grosvenor-street, Cheltenham,
June, 1843.

—— Stephens, aged fourteen, residing in Duke-street, in this town, applied to me, Oct. 14, 1842, stating that he had fallen on the palm of the right hand from a height of about ten feet from a ladder in a paper manufactory.

Upon examination I found a complete luxation of the wrist, the radius and ulna being thrown on the front of the carpus beneath the flexor tendons, the carpal bones being prominent on the dorsal surface; the hand turned backwards; the fingers slightly flexed, and incapable of further flexion or extension by the patient. I now applied as much extending force as would be necessary to reduce a displacement by fracture, the part was unmoved, and upon slight rotation there was no crepitus.

I next employed the test proposed by Boyer, and feeling for the situation of the styloid processes, I simply moved the hand as he directs. They did not change their situation, whereas, if a fracture had existed, they would have followed the motion of the hand. Counter-extension being now made by grasping the arm in the prone position with my left hand, my thumb being placed across the dorsal tumour (the carpus) and the middle and ring fingers over the palmar prominence (the extremities of the radius and ulna), by a pretty strong, but simple extension with my right hand, the displaced bones were immediately reduced with an audible snap, the return of the several parts to their respective natural situations being, at the same time, plainly felt, by the way in which my left hand was placed.

The tumours had now vanished, not returning, as they might, in case of fracture, by muscular contraction, and the powers of flexion and extension were restored to the fingers.

Upon again cautiously employing gentle rotation there was no crepitus, which would have existed in case of the coaptation of such an oblique fracture as could possibly simulate a dislocation.

The wrist was done up with a bandage and splint, and kept wetted with an evaporating lotion, and in about a month the patient was allowed to make cautious use of his hand.

Thus, from the favourable period at which the above injury was examined, and the method of examination both before and after the reduction, the real existence of so rare an accident is placed beyond dispute.

I have both examined and stated the above case more minutely than I otherwise might have deemed expedient, in consequence of the declaration of so very high an authority as Dupuytren, that for various anatomical reasons the radius should always rather break than be dislocated from the carpus, and that there is not in all the records of surgery an unequivocal specimen of a true dislocation of the wrist-joint, the reputed cases being fractures of the radius close to the joint.

SMALL-POX ACCOMPANYING VACCINATION.

To the Editor.—Sir: Seeing in THE LANCET of last week (page 378) a case of this kind reported by Mr. Taylor, I beg to transmit you one which came under my observation some time ago. I was requested to visit a little girl, staying at the house of a medical friend, who had an eruption breaking out, which I gave it as my opinion was small-pox. My attention was then directed to two or three pustules on the arm, apparently about the fifth or sixth day of maturity, which I was told were the effects of ichor taken from a child whom my medical friend had previously vaccinated. Suffice it to say, the eruption proved to be small-pox, acquiring a moderate size, dying off at about the seventh or eighth day. The pustules on the arm progressed and assumed the usual characters, and the child was but a little indisposed. I remain, Sir, your obedient servant,

WILLIAM SELF.
Lucas-place West, Commercial-road,
June 13, 1843.

NEWS OF THE WEEK.

PROPOSED CHANGES IN BETHLEM HOSPITAL.

HITHERTO the physicians of Bethlem Hospital have only attended the institution twice a-week, and we believe scarcely ever met with the view of consulting on bad cases On Tuesday last the general committee of the hospital adopted a resolution unanimously come to by a sub-committee of the governors, recommending that a physician be in attendance every day, and that the physicians meet once in every week for the purposes of consultation on cases that may require it. We are fully acquainted with all the proceedings which have taken place

at the board of this institution with reference to the adoption of an improved system of management, and may shortly make to the public a statement of the proposed reformations, and of the bigotted opposition they have met with from certain ignorant and interested parties.

Mr. Perry, who some time since obtained the inspectorship of prisons, has also received the appointment of surgeon-referee at the Legal and General Insurance-office, vacant by the death of Mr. Tyrrell. This is in accordance with the Scripture principle, "Unto him that hath, shall be given."

On dit that Messrs. Skey and Paget are appointed to undertake the duties of lecturing, lately resigned by Mr. Stanley in St. Bartholomew's School of Medicine, the chair of general anatomy being confided to the former, and that of physiology to the latter gentleman.—The resignation of Mr. Stanley has arisen probably from a conscientious feeling which is honourable to his morality. A sense of the difficulty of keeping pace, as a lecturer, with the rapid progress of science, may account for a desire to relinquish a position which constantly requires at least an appearance of being level in knowledge with modern views and discoveries.

Dr. R. Lee has furnished a table of 127 cases of difficult labour, occurring in his practice between 1823 and 1843, in which the fatal results of craniotomy cases to the mother are as 1 in 5 nearly. He at the same time furnishes a statement of the various cases, and an estimate of the duration of labour in each case,—the longest period being 144 hours, and the average period about 36 hours. This estimate, however, varies considerably from that of Dr. J. H. Davis, who, out of 43 cases cited in his report of the Royal Maternity Charity, alleges only 5 as fatal to the mother, *i. e.*, about 1 in 8½.

In the ten years, 1830-40, 190 individuals were admitted as patients at the "Retreat" Lunatic Asylum near Leeds, of whom 107 were males, and 83 females. The greatest number of admissions took place in the second and third quarters of the year, particularly in May. Insanity was traceable in the families of the patients in the proportion of about 39 per cent. The youngest patient was admitted at 15, and the oldest at 74 years of age; the largest number of admissions took place between the ages of 30 and 40 years. Between these ages insanity appeared oftener in males than in females; but among the latter sex more often between 40 and 50 years of age.

The temperature in London on Tuesday last, 13th inst., was only 54° F. in the shade, and 57° in the sun, being respectively 24 and 52 degrees lower than on the 13th of June last year!

The "Gazette des Hôpitaux" remarks that if every medical practitioner would tell, not the truth *only*, but the *whole* truth, we should have many more cases on record like the following, related by Walstein:—An old man with a hernia was left, during a night in severe weather, under Walstein's care; though strangulation having existed for two days the case was given over as hopeless. About midnight, the patient appearing tranquil, Walstein slept. On his awaking he found that the patient had left his bed, and even the chamber. After a long search he was discovered at the end of the garden, standing naked in the snow, the cold from which had produced a shock on the system sufficient to cause a reduction of the hernia. Next day, says Walstein, "I told the surgeons and others that I had cured the man! *Ce qui me fit beaucoup d'honneur et m'acquit une grande renommée!*"

Mr. Editor,—The real cause of the "demonstration of the Birmingham literati" was this:—The "master of arteries" was persuaded by some injudicious friends, after the publication of "those curious and interesting documents, the *Epistolæ quædam mei carissimi amici Richardi Ligni*," to try his strength by a public meeting of the profession, under pretence of a literary *soirée*. A sackful of tickets was issued. The result, to the honour of the profession, was the following enormous party:—Dr. P. B., Dr. J. B. M., Dr. S. W., Dr. T. B. F., Mr. J. R., Mr. J. W. The above are gentlemen of "easy virtue," and on all occasions constitute the caudal extremity of the "president of coprolites." "How are the mighty fallen."

Tuskany.

ROYAL COLLEGE OF SURGEONS IN LONDON.

List of gentlemen admitted members on Friday, June 9, 1843:—E. Phillips, J. Lyddon, P. O'Brien, J. S. S. Lang, H. Gimlett, F. G. Jackson, J. W. Willows, C. Rogerson, G. E. Aldred, G. R. Elliott.

CORRESPONDENTS.

A Reader of The Lancet would be obliged by Dr. Hastings' stating where he procures naphtha possessing the qualifications which he declares to be essential to success in its employment, viz., the property of miscibility with water without producing a cloud, and of the specific gravity .824. The inquirer has tried in vain to procure some of that quality, and with a view to a fair trial of the alleged remedy for a disease usually defying every other, is unwilling to use the ordinary naphtha of the shops.—Wandsworth, June 8th.

J. S.—Sir A. Cooper's lectures were published in Vols. I. to IV., for 1823-4, complete price 18s.